State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death Talbot Amended #17, 7/3/96, LMG, 1. Decadent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Month Physician 24 1996 Ellen Wallace June 11:30 PM Laura /Medical 4a. Facility Name (If not institution, giva straat and numbar) 4b. City, Town, or Location of Death Examiner 4c. County of Death 125 Collier Road Grasonville Queen Annes If Under 24 Hrs. 8. Deta of Birth (Month, Day, Year) Mar. 12, 1923 5. Social Sacurity Number 7. Age (In yrs. last birthdey) If Undar 1 Yaar Birthplece (Stete or Foreign Country) **Funeral** 1 ☐ M 2 XF Months Deys 73 Yrs. Director 214-18-4333 Maryland Usual Residenca of Decedent death with the Marylend 10b. County r than "natural", or items 23s or 28s-1 show the Medical Examiner must be notified at 10c. City. Town or Location 10d. Inside City Limits Queen Annes Maryland Queenstown 1 No 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6241 Main Street 21658 USA Funeral 11 Marital Status 12. Was Decedant Ever in U,S. Armad Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puerto Rican, atc.) 14. Rece - American Indian, Bleck, Whita, atc. permit. Peges 1 and 2 should be filed within 72 hours after c Depertment of Health and Mantal Hygiene. Important: if them 27 is marked other than "natural, or them any injury or other traumatic event, the present of the permitter of them once. 1 Never Merried 2 Married 1 ☐ Yes 2 🗓 No It Yes, Give 1 ☐ Yes 2 No Specify: þ It Yes, Give Yaer or Detas: Specify: Black 3 ₩ Widowad 4 Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Businass/Industry Elementary/Secondery (0-12) 12th College (1-4or 5+) Laborer Seafood Plant 17. Fether's Nama (First, Middle, Last) 18. Mothar's Name (First, Middla, Maiden Sumema) Be Mary Fields Isaac Wallade 2 Ballard 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Romaine Felton 6241 Main Street, Queenstown, Md. 20e. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Maryland Veteran's Cem. 7/1/96 Beulah, Md. 21. Signature of Funerel Service Licensee 22. Nama end Address of Facility
Bennie Smith Funeral Home P.O. Box 1687, Easton, Maryland 21601 23a. Part 1. Enter the diseasa, or complications that causad the death. Do not antar tha mode of dying, such as cardiac or raspiretory errast, shock, or heart feilure. List only one ceuse on each line. Approximate Intarval Between Onset end Daeth Physician mall Cell Carcinolly Immediate Ceusa (Final Mis diseese or condition resulting in deeth) Examiner Examiner b Hospital or Attending Physician: The law requires that the death certificate be executed 24 hours efter deeth.
Property of the trip certificate has been signed by the ettending physician and Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting In deeth) Last Due to (or es e consequence ot): physician a s the buriel-Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consaquanca ot): ettending p signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 No 3 Probably 4 Unknown þ After this certificate hes been situneral director, page 2 should I Completed 24b. Were eutopsy findings eveilebla prior to completion of cause of deeth? 24a. Wes an autopsy performed? 1 ☐ Yas 2 ₺No 1 ☐ Yes 2 ☐ No Be 25. Was case raterred to medical 26. Pleca of Deeth (Check only one) Hospitel: 2 1 Yes 2 No Other: 4 Nursing Home 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 5 Aesidence 6 □Other (Specify) 28a. Date of Injury (Month, Dey Year) Certification: 27. Manger of Deeth 28d. Dascribe how Injury occurred Injury et Work? 1 Neturel 5 Pending Investigetion 1 ☐ Yes 2 ☐ No 2 Accident filled in by the 6 Could not be determined 3 ☐ Suicide 28e. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street erid Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

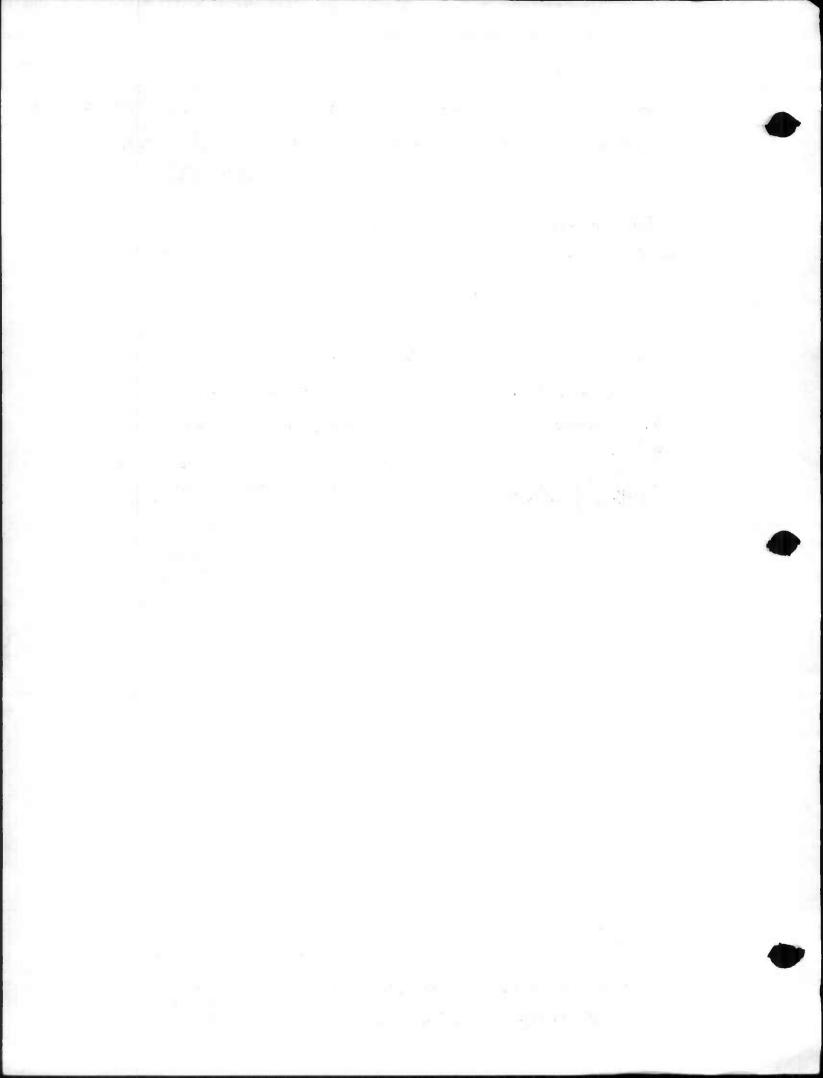
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. To the Hosp within 24 hou To the Fune completely fil 29a. Certifier Medical 29b. Signatura and tale of carptier 29d. Date signed (Month, Dev. Yeer) 30. Name end eddress of person who completed cause at deeth (Item 23e) (Type, Print) David H. Smith, M.D, 509 Idlewild Ave, Easton, Md. 21601 31. Dete filad (Month, Dey, Year) 32. Registraris Signetura State Guha Davidson-Randall Registrar JUN 2 7 1996

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

20502

						Cen	tificate of	Death		Reg. No.	-	-0002
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	Physic /Medi		Oliver	Dem	psey		W	HITE	June		996	9:06 PM
3	Exami		4e. Fecility Name (If not institution, given	re street end number)				4b. City, Town,	or Location of Death	4c. County	of Deeth	
4			Memorial H	ospital	at Eas	ston		East		Ta	lbot	t
	Funeral		The state of the s	Sex 7. Ag	ge (In yrs. last b		If Under 1 Year Months Deys		Hrs. 8. Dete of Bird Min. (Month, De	h y, Year)	9. Birthp	elece (Stete or Foreign
	Director	П	210-74-1780	IEM ZUF	65	Yrs.			July 2,	1930		/land
	pur *		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City, To	wn or Loc	ation				1	0d. Inside City Limits
	Aaryli F sho	5										1XXYes 2 □ No
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	with or a		401 Brooklyn Ave	nue			21623	2		USA	THIEL COU	itry r
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	ftar	5	1 X Never Married 2 ☐ Married	Armed Forces? 1 ☐ Yes 2 ☑		If	Yes, specify Cul	ben, Mexican, P	? (Specify Yes or No uerto Ricen, etc.)	Blee	ck, White,	
Maryland 21215-0020	urs a	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:		1	☐ Yes 20 No	Specify:		Specify	Bla	ck
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٥	men ment:	15	4 Donetion 5 DOther (Special	y)	Capi		Cremato	4	6/26/96	Dover,	De.	
Ba	permit. Pagas 1 and 2 should be filed within 72 hours after death with the Maryfan Department of Hauth and Mental Hyglana. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumetic event, the Medical Examiner must be notified at once.		21. Signature of Figheral Service Lice			22.	Name end Addr Bennie	ess of Fecility Smith	Funeral Ho	ome		
	40 5 a d		Dotton H.C	gruce	1				, Easton,		nd 2	1601
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	To the Hospital or Attending Physician: The Is within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page		29e. Certifier Certifying Ph	yelclan: To the best	of my knowledg	e, deeth	occurred et the t	ime, dete end pi	ece, end due to the	cause(s) end me	enner es s	teted.
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			30. Name end eddress of person who							V -1		
			Kathleen Hoey	, M.D., P.	O. Box	339,	Centre	ville,	Md. 21617			
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	Registr	ar	JUN 2 6	1996	who David	son-A	andelle					



		#19b, 6/26/96, MRT, Mo	ntg. Ctp	Certificate of	Death	2. Data of Dec	Reg. No.	3. Tima of Death
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Mar Mar	ş	Maryland Montgomery		Ro	ockville			1 ☐ Yas 2 💢 No
r 28	Director	10e. Street end Number		10f. Zip Code			10g. Citizen of What Co	untry?
h wit	0	12906 Margot Drive			20853		United S	tates
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ISION Of VITAI HECOFIS, Hatending Physicien: The lew requires tha death. ctor: After this certificate has been signed by the funeral director, page 2 should be dany the funeral director, page 2 should be dany	edical Certification: To Be Completed by	axaminar? 1	jury 28b. Tim Injury and Year) 28b. Tim Injury - At homa, farm, atc. (Specify) t of my knowledge, de of axamination and/ostated.	atient 3 DOA Others of DOA oth	28. Place of Death Per: 4 Nursing Hon yet k? Yas 2 No na, data and place, a pinion, daath occurre a number	24e. Was performed and selection (Society or Town and due to that and at the time, of the selection (Society or Town and due to the selection (Society or To	en eutopsy med? 24b. (2as 2 100 2as 2	Ware eutopsy findings eveilable prior to completion of cause of death? 1 Yas 2 No city) iral Routa Number, stated. to tha cause(s)
To the Hospital or Attending Physicien: The lew requires that within 24 hours after death. To the Funeral Director: After this certificate has been signed completely filled in by the funeral director, page 2 should be da	edical Certification: To Be Completed by	axaminar? Yas 2 No	jury 28b. Tim Injury and Year) 28b. Tim Injury - At homa, farm, atc. (Specify) t of my knowledge, de of axamination and/ostated.	atient 3 DOA Others of DOA oth	28. Placa of Death er: 4 ☐ Nursing Hon y at k? Yas 2 ☐ No 2 na, data and place, a pinion, daath occurre	24e. Was performed and selection (Society or Town and due to that and at the time, of the selection (Society or Town and due to the selection (Society or To	en eutopsy med? 24b. (2as 2 100 2as 2	Ware eutopsy findings eveilable prior to completion of cause of death? 1 Yas 2 No city) iral Routa Number, stated. to tha cause(s)

DHMH 16 Rev 6/95



e*	'Ame'nde	ed	\$1, 6/27/96, MRT,	ate of Marylar					giene 9	6	2050	4
			Decedent'a Name (First, Middle, Last)	Roger Ma				2. Data of De			3. Time of Dea	th
	* Physici		Al Mast	- 4	0			Month	Day	Year 1996	1120	n
	/Medic Examir		4a. Facility Nama (If not institution, giva stree		arne		4b. City, Town,	or Location of Death			1135	1
7	LAdiiii	ICI	SHADY GROVE ADVE		PITAL		ROCKVI				v	
-	Funeral		5. Social Security Number 6. Sax	7. Age (In yrs.		If Undar 1 Year	If Under 24 H	Irs. 8. Date of Birt	MONTO			reian
	Director		302-01-2192 ¹₺™		Yrs.	Months Days	Hours M	in. (Month, De Nov. 1	6, 1916	Count	ace (State or For ny) O	o.g.
	σ		Usual Residance of Decedent					121212	,			
	how		10a. Stata 10b. County	10c. Cit	y, Town or Lo	cation				10	d. Inside City Li	
	e Me	cto	Maryland Montgomery	Gai	thersb	ourg					1 √ Yas 2□	No
	章 9g 章	Director	10e. Street and Number			10f. Zip Coda			10g. Citizen of V	Vhat Count	ry?	
	23 w	a	402 Russell Avenue			20877	7		United :	State	s	
	s within 72 hours after death with the Maryland ilena. Then "netural", or flema 23a or 28a-f show the Mexical Examiner must be notified at	Funeral		Vas Decedant Evar in U	,S. 13.	Was Decedant of	Hispanic Origin?	(Specify Yes or No arto Rican, etc.)	- 14. Raci	e - America k, Whita, e		
20	or it	F	1 Nevar Married 2 Married 1	☐ Yas 2 No Yes, Give		1□Yes 2☒No						
21215-0020	iral',	d by	3 ☐ Widowed 4 ☐ Divorced	'aar or Dates:		TE TOO E PRINT	opony.		Зреспу	Whit	e	
5	72 h	Completed	15. Decedent's Education (Specify only highast grade con	n nplatad)	16a. Deced (Give	dant's Usual Occu kind of work done DO NOT use retire	pation a during most of v	working	16b. Kind of Bu	siness/Ind	ustry	
12	within ena. than	di di	Elementary/Secondary (0-12)	College (1-4or 5+)					Resear			
			17. Fathar's Name (First, Middla, Last)	4	Elect	rical Er		In man defined the date	14-14-6		elopemen	a c
an	S is o >	Be	- A-C-41-C-65-C-65-C-65-C-65-C-65-C-65-C-65-C-6					Nama (First, Middla,	weiden Sumem	a/		
Z	should b ind Mente merked	2	Edgar Warner					de Mast		-0.0		
Maryland	12. har		19a. Informant's Name/Relationship (Type, F					Rural Route Number				7
	os 1 and of Health item 27 in other tr		Martha Jane Warner/W 20a. Method of Disposition					Gaithersb	20c. Location -	-		/
Baltimore,			1X Burial 2 Cremation 3 Remov			sition (Neme of metory or other ple		9, 1996	200. Location -	City of Tov	vii, State	
Itim	permit. Pages Department of Important: if it any injury or once.		4 Donation 5 Other (Specify)	Non		roe Ceme		1	Monroe,	Ohio	7 77	
Bal	Sepa mpount my ir		21. Signature of Full Grail Service Licensee	200	R (2. Name and Addr	ess of Facility K	obert A. 300 West	Montgom	y run erv A	eral Ho	ne/
Ξ	405 e 0		Marche e	My MOO	0803 R	ckville	Maryla	nd 20850	-2805	01) 11	, ,	
			23a. Part1. Entar the diseasa, or complication shock, or heart failura. List only one ca	ns that claused tha daat use on each line.	h. Do not ant	ar tha moda of dy	ing, such as card	diac or raspiratory ar	rest,		Approximate Interval Between	1
Y	Physician			4							Onsat and Deatl	1
1	/Medical Examiner		Immediate Causa (Final disaasa or condition resulting In daath) a	Myoren	dil	Infa	retrin			į	4 hour	rs
ı		_	resulting in daa(ii)	Due to (d	or as a consec	juence of):						
_	be tis	Examiner	b. —									
	death certificate be axecuted e attending physician and of for use as the burial-transit	xan	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying	Due to (o	r as a conseq	uence of):						
8760,	be a ician buris	cal	Causa (Disease or injury									
687	phys phys s the	10/0	that initiated events resulting In death) Last	Due to (o	r as a conseq	uence of):				i		
Box (leath certifical attending phy if for use as th	Physician/Mec	d									
ă	atter for u	ciai				In The Section		Leven				
P.O.		ys	Part II. Other significant conditions contribute	ting to death but not res	ulting In tha u	nderlying cause g	iven in Part I.		obacco use cor			
	The law requires that the deate has been signed by the a page 2 should be detached it		(typerterroring					_ 101	Yes 2 No	3 Prob	ably 4 Unk	iown
Records,	uires sign	d by	O.					24a. Was	an autopsy	24b. Wei	e autopsy findin	gs
00	v require been sly should t	ete						perio	rmed?	com	lable prior to pletion of cause)
Re	The law	Completed							-/		eath?	
			OF Manager of the district					101		1	Yes 2 No	
of Vital		o Be	25. Was case refarred to medical axantiner? 1 ☑ Yes 2 ☑ No Hospit	al:		-5	ther	Death (Check only o				
of	Phys rthis and d	-		a. Date of Injury	ER/Outpatien 28b. Time of	. 00 001	Harani	28d Describe t	dence 6 Other now Injury occurr)	
on	ding l h. After funer	to	1 ☑Natural 5 ☐ Panding	(Month, Dey Year)	Injury	Wo	ork?]Yas 2 □ No	200. 200020	iow injury cocurr	00		
Division	i or Attending after death. Director: After d in by the fune	fica	3 Suicide 6 Could not be	e. Place of Injury - At ho	oma, farm, str			28f. Location (\$	Street and Numb	er or Rural	Route Number.	
Š	after after Direct	Certification:	4 Homicide	building, etc. (Specif	y)			City or Tov				
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completaly filled in by the funeral		29a. Certifier 1 Certifying Physician	: To tha best of my kno	wiedge, daath	occurred at the t	lme, date and pla	ice, and due to the	cause(s) and ma	nnar as sta	ited.	
	n 24 n 24 ne Fu	edical	2 Medical Examiner; (On the basis of examination of manner stated.	tion and/or Inv	astigation, In my	opinion, death oc	curred at the time,	date and place, a	and due to	the cause(s)	
	To the comp	Σ	29b. Signature and title of certifier			29c. Licen	se number		29d. Date signed	i (Month, D	ley, Year)	
			1 Votamen	r-0		124	171		June 2	5 15	96	
	12	-	30. Name and addrass of person who comple	ted causa of death (Item	23a) (Type.	Print)		x (). 2	7!		
	0		DEMNIS FRIEDMAN				VE RY	ROCKY	le my	0 21	0850	
	Sta	te	31. Date filed (Month, Day, Year)	32. Ragistrar's Signa	ture							
	Registr	ar	IIIN 2 7 1996	Julia Dair	dron- Par	delle						

DHMH 16 Rav 6/95

Amende	d :	#1, 6/27/96, MRT,	State of Marylan Montg. Ct					iene 9 (g. No.	5 2	0505
Physi /Med		Decedent's Name (First, Middle, Last) Rober	t P. Wil	liams, 5	r.		2. Dete of Deet Month June 22	Dey 199	6 ^{eer}	3. Time of Death 2:45P.
Exam		4a. Fecility Neme (If not institution, give sti 11505 Sequoia L				b. City, Town, or L Beltsvi		4c. County Princ		orge's
Funera Directo		110 10 2121	7. Age (In yrs.	46 Yrs. If Unc	er 1 Year s Deys	if Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Dey, July 8,	^{Year)} 1949	Count	ace (State or Foreign y) ersey
Marylend a-f show	tor	Usuel Residence of Decedent 10a. State 10b. County Maryland Prince Ge		y, Town or Location					10	d. Inside City Limits 1 □ Yes XX No
th with the 23s or 28	Funeral Director	10e. Street end Number 11505 Sequoia Lar	ne	10f. 2	ip Code 2070	5	10	og. Citizen of V United		•
1215-0020 within 72 hours efter deeth with the Manyland one. than "natural; or items 23a or 28a-f show he Madical Examiner must be notified at	by	11. Marital Status 12 1 Never Married 2 Narried 3 Widowed 4 Divorced	. Wes Decedent Ever In U, Armed Forces? 1\Overline{\Ove	1 ☐ Yes	edent of Hecify Cubs	Ispanic Origin? (Sp in, Mexican, Puerto Specify:	pecify Yes or No- Rican, etc.)		e - America ck, White, e Whi	tc.
21215-0020 d within 72 hours of piene. In then "neturel", or the Madical Exam	Completed	15. Decedent's Educa (Specify only highest grede of Elementery/Secondery (0-12)		16a. Decedent's Us (Give kind of sife. DO NOT Computer	vork done d use retired	during most of work f)	sing	Priva		ustry
ore, Maryland 2121 s 1 end 2 should be filed within f Heelih end Mentel Hygiene. item 27 is marked other than " other traumatic event, the Ma	To Be C	17. Fether's Neme (First, Middle, Last) Edward R. Willia	ams			18. Mother's Nam Pauline		Meiden Surner Arodnan		
2 S S S S S S S S S S S S S S S S S S S			(wife)	19b. Meiling Addre	#10	end Number or Rui				•
Baltimore, pemit. Peges 1 e Depertment of Hee Important: If Nem: any Injury or othe		20a. Method of Disposition 1 □ Quiral 2 □ Cremetion 3 □ Rer 4 □ Donetion 5 □ Other (Specify)	movel from State Geo	Plece of Disposition (Nemetery, cremetory of prge Washi	other plea			20c. Location -		
Ball permit Deper		21. Signature of Funerel Service Licenter	travault.	Dona1 4400	d V. Powde	ss of Fecility Borgward r Mill Re	d. Belts	ville,	P.A. Md. 2	20705
Physician /Medica Examine	r	23e. Pert1. Enter the disease, or complete shock, or heart fellure. List only one timmediate Cause (Final disease or condition resulting in deeth)	METASTAT		7 01	FFERENTI CARL	naona	DENO-		Approximate intervel Between Onset end Deeth
8760, sete be executed physician end the buriel-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Undertying Ceuse (Disease or injury	Due to (or	r es a consequence o	f):	Suspect.	0/	21612		
Box 68760, eeth certificete be ex ettending physician ettending set the buriel.	VMedical	Ceuse (Diseese or injury thet initiated events resulting in death) Last	Due to (or	r as a consequence of):				1	
P.O.	by Physician/Me	Part II. Other significant conditions contri		uiting in the underlying	cause giv	en in Pert I.		bacco usa co sa 2□ No	ntribute to	the cause of death?
1 0 - 8	Completed b						24a. Wes ar	ned?	avai com of de	e autopsy findings lable prior to spletion of cause eeth?
of Vital Physician: Th this certificata	Be	25. Was case referred to medical examiner?	spitel:		Oth		th (Check only on	es 2 12tho	10	Yes 2 No
After funa	Certification: To	27. Menner of Deeth 1 Neturel 5 Pending 2 Accident investigation	28a. Dete of injury (Month, Dey Year)	ER/Outpatient 3 1 1 28b. Time of Injury M	28c. injun Word	/ et k?	ome 5 Reside 28d. Describe ho			1505PICE
= 5 % of 5		3 Suicide 6 Could not be determined	28e. Plece of fnjury - At ho building, etc. (Specify	/)			28f. Location (St. City or Town	, Stete)		
he Hospital In 24 hours he Funeral ipletely filled	edicai	29a. Certifier (Check only one) 1. Certifying Physic 2 Medical Examiner	fan: To the best of my known: On the basis of examinet end menner steted.	wledge, deeth occurre tion end/or investigetion	d at the timen, to my of	te, dete end plece, pinion, deeth occur	and due to the ce red et the time, de	use(s) end me ete end piece,	enner es ste end due to t	ited. the cause(s)
To the within 2 To the comple	Σ	29b. Signature end title of certification	1/2m	con	9c. License D Z	number 5422		Od. Date signed) 1996
20		30. Name and address of person who com				LV3(1.78	z mi) 2	20705	3
Si Regis	tate trar	31. Dete filed (Month, Dey, Year) JUN 2 5 1996	MP661M P. Registrat's Signed	Mandelle						

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Day **Physician** Donald Yachovitz Month Yaar June 23, 1996 1:03 AM /Medical 4a. Facility Nama (If not institution, giva street and number)
Harford Memorial Hospital 4b. City, Town, or Location of Daath 4c. County of Death Harford Examiner Havre de Grace 5. Social Security Number 180-28-3537 Birthplace (Stata or Foreign Country) **Funeral** 1⊠M 2□ F Director Pennsylvania Usual Rasidance of Decedant the Meryland 10a Stata 10h County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "naturel", or items 23s or 28s-f show traumatic event, the Modical Examinar must be notified at 1 DYas 2 □ No Director Maryland Harford Aberdeen 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? death with 20-B East Bel Air Ave. Apt. 13 21001 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours effer to Department of Heelth and Mentel Hygiene. Important: If Item 27 is marked other than "naturel", or iter any Injury or other traumatic event, the Medical Examples. 1 Yas 2 No
If Yas, Giva
Yaar or Datas: Vietnam 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Military 12 U.S. Army 17. Father's Name (First, Middla, Last) 18. Mother's Nama (First, Middla, Maldan Surnama) Thomas Yachovitz Helen Metz 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 20-B East Bel Air Ave. Apt. 13, Aberdeen, MD 21001 Jeremy J. Case 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata tx Burial 2 ☐ Cramation 3 ☐ Ramoval from State Harford Memorial Gardens 6/28/96 Aberdeen, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatura of Funaral Sarvice Licensaa 22. Nama and Addrass of Facility Tarring-Cargo Funeral Home, P.A. Aberdeen, Maryland 21001-3399 23a. Part. Enter the disease, or complications that caused me death. Do not antar the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onset and Death Physician /Medical Immadiata Cause (Final months disaasa or condition rasulting In daath) Examiner Due to (or as a consequence of) physiclen end s the buriel-transit Sequentially list conditions, if any, laading to immadiata cause. Entar Undarlying Cause (Disease or Injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consaquance of): Part tt. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Wara autopsy findings svallabla prior to complation of cause of daath? 24a. Was an autopsy Completed certificate 1 ☐ Yas 2 ☐ No 1 ☐ Yas 2 ☐ No To the Hospital or Attending Physician: within 24 hours effer deeth.

To the Funeral Director: After this certifica 25. Was casa raferred to medical axaminer? Be 26. Place of Death (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No Certification: To funeral 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Naturat 5 Panding 1 ☐ Yes 2 ☐ No invastigation 2 Accidant 6 Could not be datarminad 3 ☐ Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) in by 4 - Homicida 29a. Cartifiar 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to the causa(s) and mannar as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signatura and titla of certifiar 29c. Licensa number 29d. Data signed (Month, Day, Year) de la Ranta MP PA D14036 30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print) SANTOS -. de 105

State Registrar

JUN 26 1996

31. Data filed (Month, Day, Year)

32. Pegistrads Signatura Randall

and year of Assett I meets at any 1988 I. TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

PHYSICIAN: MEDICAL CERTIFICATION

BE COMPLETED BY

2

Sequentially liet conditions, If sny, leading to immediate cause. Enter UNDERLYING

CAUSE (Disease or Injury

that initiated events resulting in death) LAST

1. DECEDENT'S NAME (First, Middle,	,							2. DATE OF OEATH	DAY	YEAR	3. TIME OF DEATH
Angeline	Eliza	abeth		Zand	lars	ki		June 26	199	96	4:40 A.M
4. SOCIAL SECURITY NUMBER 216-32-7902	5. SEX	6. AGE (In y	rs. last birthday) YRS.	IF UNDE	DAYS	IF UNDE	MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/1/19	37	Count	HPLACE (State or Foreign try) aryland
9a. FACILITY NAME (If not institution, 4033 Born RC RESIDENCE OF DECEDEN						tts:	111 111 -	EATH	9c. COL	erfc	DEATH
10a. STATE 10b. Co	DUNTY Iarford			Jarr			110		Т		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO
100. STREET AND NUMBER 4033 Bor				Jall		2108)E		10g. CI		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDE FORCES? IF YES, GIVE	T YES 2	NO		If yes, sp		en, Mexica	NIC ORIGIN? (Specify Yo an, Puarto Rican, atc.) fy:	pa or No—	14. RAC Blac Spec	E — American Indian, ock, White, etc. city: White
15. DECEOENT'S (Specify only highest Elementary/Secondary (0-12)			(Give kind of life. Do NOT L	work done	during me	ON ist of work	ing	16b. KINO OF B	JSINESS/IN	OUSTRY	
8			Assem	blyw	vork	er		Autor	nobi.	le p	parts
17. FATHER'S NAME (First, Middle, La	st)					18. MOT	HER'S NA	AME (First, Middle, Maide	n Surname)		
Stanley		Zand	arski				enni		Duna		<i>i</i> ska
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRES	S (Street	and Numbe	or or Rural	Route Number, City or To	wn, State, Z	ip Code)	
Diane Burk-	daughter		403	3 Bc	orn	Rd.	Jar	rettsvil	lle,	Md.	21084
20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 C 4 Donation 5 Other (Specify,		ot	ther place)						ocation - inda:		
21. SIGNATURE OF TUNERAL SERVI	in W. K	urth	ly Ro	F	2.0.	Box	6 3	Jarretts	ille	e, M Fune	id. 21084 eral Home
23. PART I. Enter the disease shock, of heart fel IMMEDIATE CAUSE (Finel disease or condition	llure. List only one ca	une on mici	ne deeth. Do	E .	r the mi	Kuri	tz 8	Son, P.	A. 1	Fune	Approximete Interval Bets Onset and E

PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 TES 2 NO e 5 Realdence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28c. INJURY AT WORK?
1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 1 A Natural 5 Pending investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Bural Route Number, City or Town, State) 8 Could not be determined 4 Homicide 29a. CERTIFIER 1 K CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.

2 ___ MEDICAL_EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

DISEASE

CANCER

X	W	TYTED			
30. NAME AND ADDRESS OF	PERSON WHO COMP	LETED CAUSE OF	OEATH (ITEN	27) (Type Print)	

D4 6667 DUNE 26, 1996

4-C NOATH AVENUE #424 BELAIR MD SYEDAH S. GILANI. M.D.

DUE TO (OR AS A CONSEQUENCE OF):

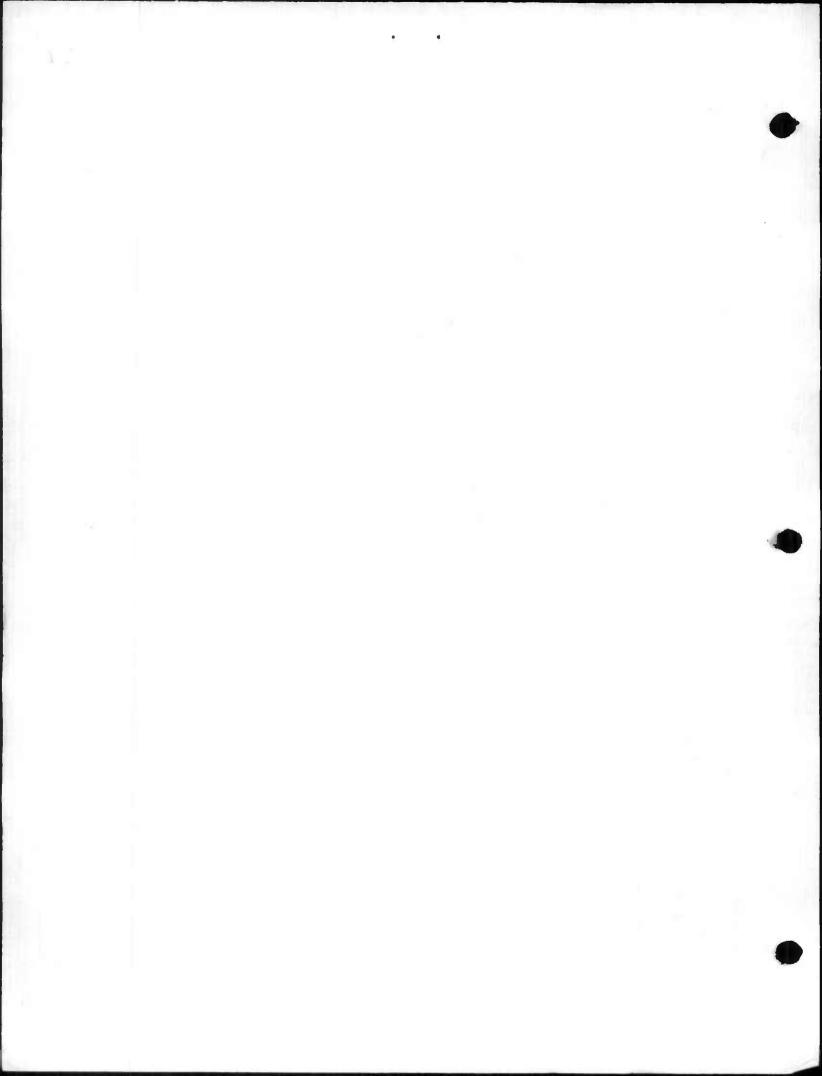
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OUE TO (OR AS A CONSEQUENCE OF):

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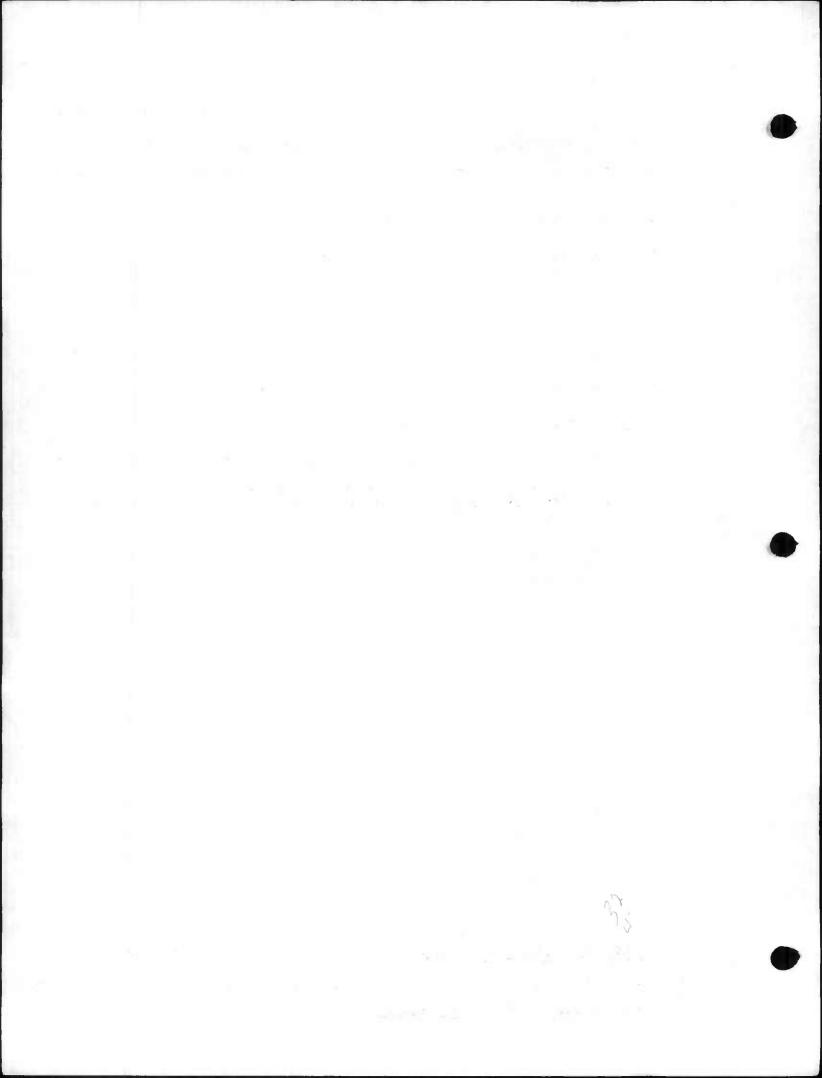


State of Maryland / Department of Health and Mental Hygiene

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		_						Cei	titica	ite of	Death			Reg. No.			
12	Physic	ian	1. Decedant's Nama	(First, Middla, La	ast)								2. Data of Do	eath Day	Yaar	3. Tima o	f Death
9	/Medi				Elir		Zas	low					June			6:3	5 PM
<i>)</i> .	Exami	ner	4a. Facility Nama (if				"000						ocation of Deal		ty of Death		
			9039 Sli		C Parkwa Sax	-	#308	st birthday)	If Und	ar 1 Yaar			pring 8. Data of Bi	eth.	gomer	4	or Foreign
l.	Funeral Director		470-20-49		1□M 2□F	_	72	Yrs.	Month	s Days		Min.	April 2	2, 1924		lace (Stata	
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	show	-	10a. Stata	10b. County			10c. City,	Town or Lo	cation						1	Od. Insida C	
	Sa-f	Director		Montgome	ery		Silv	er Sp	ring	9						1 🗆 Yas	2√ No
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Maryland 21215-0020	72 hours after deeth with the Meryland naturel, or items 23s or 28s-f show dical Examiner must be notified at	by	3 ☐ Widowed 4	, ,	If Yas, G	iva		1	I □ Yas	2 💢 No	Specify:			Spec	ify: Wh	nite	
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and	ould be fit Mental H arked ott attc ever	Be	17. Fathar's Nama (F		")									, Maidan Suma	ma)		
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m	Depa Impo		D 30	ex 7	1. K	20	ص	F	Rapp	Fune	eral S	ervi	ces, P	. A. Spring,	MD 20	1010	
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	nsit d	Examiner			b. ———				3								11.31
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		an/M			d						_				<u> </u>		
0	lew requires that the death es been signed by the atter s should be dateched for	Physician	Part II. Other algnific	ant conditions	contributing to d	aath but	not rasulti	ng in tha ur	ndarlying	causa gi	van in Part I.		23b. Dld	tobacco use c	ontributs to	the cause	of death?
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>	ysician: The list cartificata he director, page	To Be	axaminer?		Hospitai:	Inpatiant	2 D F	?/Outpatian	t 3 🗆 I	Ot Ot	hor		h (Check only	ona) Idance 6 □O	ther (Specifi	w)	
0	er th		27. Manner of Death		28a. Date		2	8b. Tima of		28c. tnju Wo				how Injury occi		7	
Ö.	ending Pn leeth. lor: After thi the funarai	atio	1 XNatural 2 ☐ Accidant	5 Pending invastigatio	n	iii, Day	roar)	Injury	М		Yes 2 1	No					
Division of Vital Records,	tar de recto	Certification:	3 ☐ Suicida 4 ☐ Homlolda	6 Could not b datarmined	Zoa. Plece	of Injury	y - At hom (Specify)	a, farm, stre	at, facto	ory, office			28f. Location ((Straat and Nun wn, Stata)	ber or Rura	l Routa Nun	nbar,
ם י	ra af			V													
	Fune Fune fiely fi	edicai	29a. Cartifiar 1 (Check only 2 one)	Certifying Ph Medicat Exar	niner: On tha b	asis of a	ixaminatio	odga, daath n and/or inv	occurre	d at tha ti on, in my o	ma, data and opinion, daat	d placa, h occurr	and due to the ed at tha tima,	causa(s) and n data and place	nannar as si , and dua to	ated. tha ceuse(5)
40	To the nospital or Attendant within 24 hours after deeth. To the Funeral Director: Aft completely filled in by the fur	Med	29b. Signatura and til		and man	mar state	ed.				sa number			29d. Data sign			
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	Sta	te	31. Data filed (Month,	Day, Yaar)		Registrar	's Signatur	0		(2 7.0011	, 1011		, 110	
	Registr	ar	JUN 2	28 1996	1100	Lieu	1d/300/	yondell	-								



State of Maryland / Department of Health and Mental Hygiene Q

Film G737 item 1,23a,24a per dr 7-11-96 rja Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Tima of Death Month **Physician** 05231,4 MARY ADAIR Eddie Mary Rowe Adair 1996 JUNE /Medical 4a. Facility Nama (If not institution, give streat and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner BAYVIEW MEDICAL BAITIMORE CITY

If Under 24 Hrs. 8. Data of Birth
Hours Min. Month, Day, BALTIHORG If Under 1 Year 8. Data of Birth (Month, Day, Year) MAY 16, 1916 5. Social Security Number 7. Aga (In yrs. last birthdey) Birthplaca (Stata or Foraign Country) **Funeral** 1□M 2X F Months Deys 212-12-9434 80 Yrs. GEORGIA Director Usual Residance of Decedent 72 hours efter death with the Manylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits d other than "natural", or items 23s or 28s-1 showevent, the Medical Examiner must be notified at 1 Yas 2□No Directo MARYLAND BALTIMORE BALTIMORE 10e. Street end Number 10g. Citizan of Whet Country? N. BENTALOU STREET USA,

14. Race - American Indlen,
Black, Whita, atc. by Funeral 12. Wes Decedant Evar In U,S. Armed Forces? 1 Yas 2 No It Yes, Give Year or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Status 1 ☐ Navar Married 2 ☐ Merried laltimore, Maryland 21215-0020 1 Yas 2 No Specify: Specify: BLACK 3 ☐ Widowed 4 Ď Divorced 16a. Decedent's Usual Occupetion (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within Elementery/Secondery (0-12) College (1-4or 5+) Hygiene. 6+HGRADE HOUSEKEEPER NURSING 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) h and Mental I marked ROWE EDDIE BOW MAN 19e. Intorment's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Department of Health a Important: If Item 27 is any injury or other tra other. VONNE 3600 BOWERS, APTC AVE., BALTIHORE, MD. 21209 BROWN 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 20a/Method of Disposition LTTMORE CEMETERY 6-19-96 BALTIMORE, MD.

22. Neme end Address of Fecility
JOSEPH H. BROWN JR. FUNERAL HOMEP.A.

2140 N. FULTON AVE. BALTIMORE MD. 31310 1 Burial 2 ☐ Cremation 3 ☐ Removel from Stete ■ Donetion 5 Other (Specify) Sgnature of Funeral Service Licensee 23a. Part1. Ehterita disaans, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast,

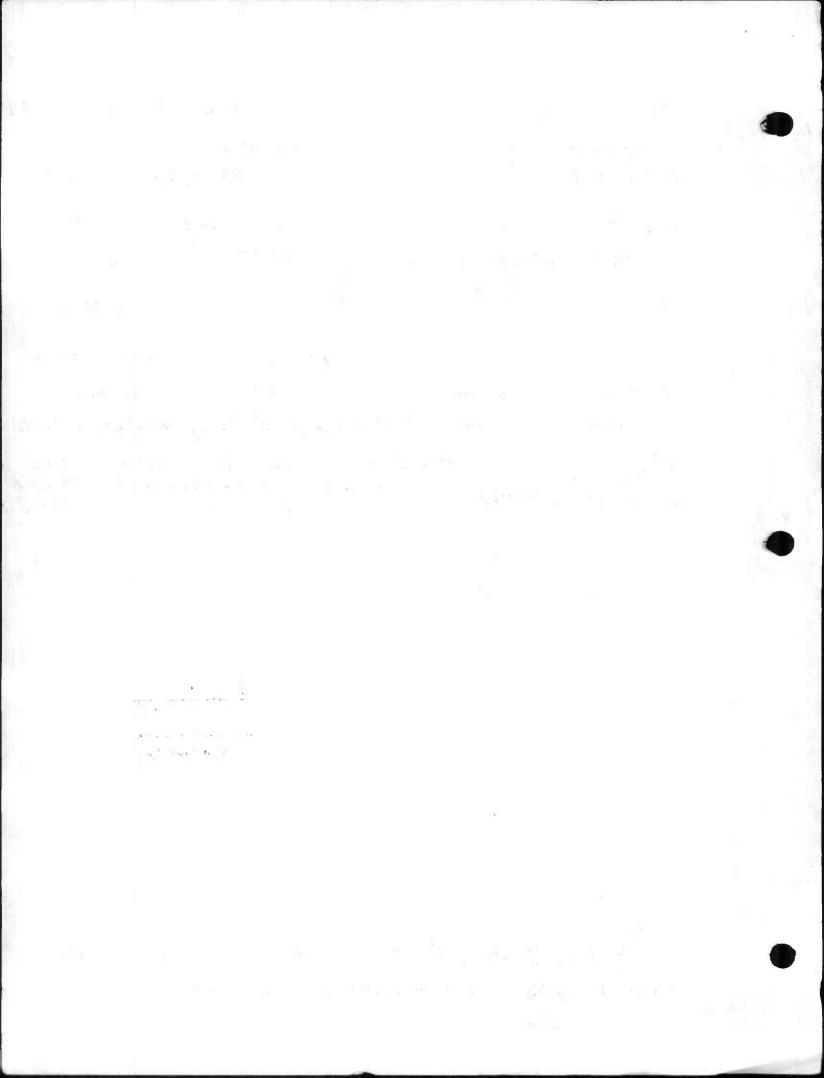
Approximete shock, or hyart tailure. List only one ceuse on each line. Approximeta Interval Between Onset end Death **Physician** Immed ate Ceuse (Finel or condition rasulting In deeth) /Medical RENAL FAILURE 2 months Examiner Examiner INJURY 2 months ettending physician end for use es the buriel-transit The lew requires that the deeth certificate be executed Sequentielly list conditions, if any, laeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events rasulting in deeth) Lest Due to (or es e consequence of): Records, P.O. Box 68760, Mulri-organ failure Physician/Medical Dua to (or as e consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by the should be deteched 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings available prior to complation of causa of death? 24a. Was an autopsy performed? Completed nis certificate hes b 1 ☐ Yes XX No 1 Yas 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours efter deeth.

To the Funeral Director: After this certifica completely filled in by the funeral director, p 25. Wes case referred to medical examiner?

1 Yas 2 No Be 26. Plece of Death (Check only one) Hospitel: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To 1 Tinpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28t. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 4 - Homicide 1 Certifying Physician: To tha best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signatore and title of certifian 29c. Licansa numbar 29d. Data signad (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) 96087 JOSEPH G. Bussey III 22 S. GREENE STREET BALTIMORE MAKYLAND 21230 32. Begistrer's Signeture 31. Dete tiled (Month, Dey, Year) State Registrar JUL 1 0 1996

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene film g737 7/15/96ag perFH Certificate of Death Nama (First, Middla, Last) 2. Data of Death 3. Time of Death 042 AM **Physician** Month Yaar Edward Jesse Benfield 10 1996 July /Medical 4e. Fecility Neme (If not institution, giva streat and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Franklin Square Hospital Center Baltimore Rossville 7. Age (In yrs. last birthday)
7. Age (In yrs. last birthday)
7. Age (In yrs. last birthday)
7. Age (In yrs. last birthday)
Months Days Hours Min.

| Month, Day, Year) 19:24
| 9. Birthplaca (Stata or Foraign (Month, Day, Year) 19:24
| Orth Carolina 5. Social Security Number **Funeral** 1⊠ M 2□ F Director 237-34-0395 Usuel Rasidence of Dacedant the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. inside City Limits must be notified at 1 ☐ Yas 2 X No Director Maryland Baltimore Perry Hall 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? With 4301 Chapel Road 21128 United States death r than "natural", or items the Medical Examiner my 12. Was Decedent Ever in U,S. Armed Forcas? 1 X Yes 2 □ No Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puerto Rican, etc.) Raca - Amaricen Indian, Black, White, etc. 11. Maritei Status Pages 1 and 2 should be filed within 72 hours aftar onent of Health and Mental Hygiene.
Int: If Item 27 is marked other than "natural", or ites
Iry or other treumatic event, the Mental Examinat 1 Nevar Married 200 Married If Yas, Giva Yaar or Datas: 1943–1945 altimore, Maryland 21215-0020 1 ☐ Yes 2 🛛 No Specify: þ Specify. 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highest grade complated) Eiamantary/Sacondary (0-12) Coliaga (1-4or 5+) Systems Test Engineer Government 17. Fathar's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Surname) Waitsel Collett Benfield Nancy Elizabeth Cannon 19e. Informent's Name/Relationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) F. Benfield/ Wife Edna 4301 Chapel Road Perry Hall, Maryland 21128 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Ø Buriai 2 ☐ Cremation 3 ☐ Ramoval from Stete permit. Page Department of important: If any injury or once. 7/13/96 Moreland Memorial Park Baltimore, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 22. Nama end Address of Facility Leonard J. Ruck, Inc. 21. Signetura of Funarai Sarvice Licensee Brian A. Willem 5305 Harford Road Baltimore, Maryland 21214 23a. Part1. Entar tha disaase, or complications that ceused the daeth. Do not antar tha mode of dying, such es cardiac or respiretory errast, shock, or haart failure. List only ona causa on each lina. Approximete Intervel Between Onsat end Death **Physician** /Medical Immediata Causa (Finel · ACUTE GASTRIC HEMMORHAGE 24 HRS diseese or condition rasulting in daath) Examiner Dua to (or es e consequance of): ACUTE VIRAL SYNDRONE

Dua to (or as a consequence of): Sequentially list conditions, if any, laading to immadiata causa. Entar Underlying Cause (Disaase or Injury that initiated evants rasulting In deeth) Last and physician a the bunal-UPPER RESIRATORY INFECTION Vital Records, P.O. Box 68760 20 Physician/Medical 8 Due to (or as a consequence of): Part ii. Other significant conditions contributing to death but not resulting in the underlying ceusa given in Part i. 23b. Did tobacco usa contribute to the cause of death? the d signed by d be detact 1 Yee 2 No 3 Probably 4 Unknown CORONARY ATHEROSCLEROSIS, PREVIOUS MI 24b. Wara autopsy findings evallable prior to completion of ceusa of daath? Completed 24a. Was an autopsy DIABETES 1 ☐ Yas 2 No 1 ☐ Yes 2 ☐ No certificate Be 25. Was cesa raferred to medicel 26. Piaca of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No 1 ☐ inpetiant 2 K ER/Outpatient 3 ☐ DOA 불 27. Mennar of Death 28a. Data of injury (Month, Day Year) 28b. Time of 28c. injury at Work? 28d. Dascribe how injury occurred 5 Pending Invastigation 1 Natural 1 Yes 2 No 2 Accidant i or Attend after death Director. 6 Could not be datarminad 3 Sulcida 28a. Plece of injury - At homa, farm, straat, factory, office building, atc. (Spacify) 281. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 - Homicide To the Hospital o within 24 hours at To the Funeral D completely filled is 29a, Cartifian 1 Certifying Physician: To tha best of my knowledga, death occurred at the tima, data and place, and due to the ceuse(s) end mannar es stated.

2 Medical Examinar: On tha basis of axeminetion end/or invastigation, in my opinion, daath occurred et the time, dete end place, end dua to tha cause(s) and manner stated. Medical 29b. Signatura and title of certifian 29c. License number 29d. Data signed (Month, Day, Year) mo out 7-10-96 30. Nama and address of person who complated cause of daath (Itam 23a) (Type, Print)

THEODORE E EVANS MO 9660 BELAIR Rd BALTO M& 2123C

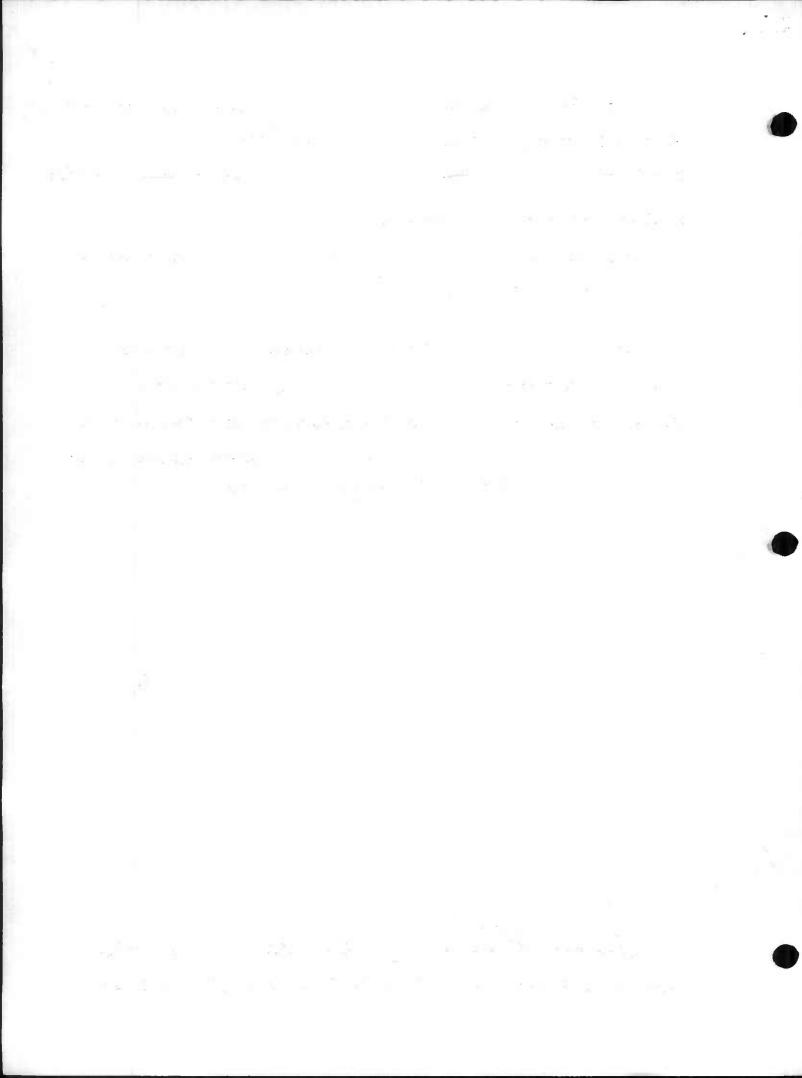
32. Registrar's Signatura

Julia Davidson

Registrar

31. Data filed (Month, Day, Year)

JUL 1 1 1996

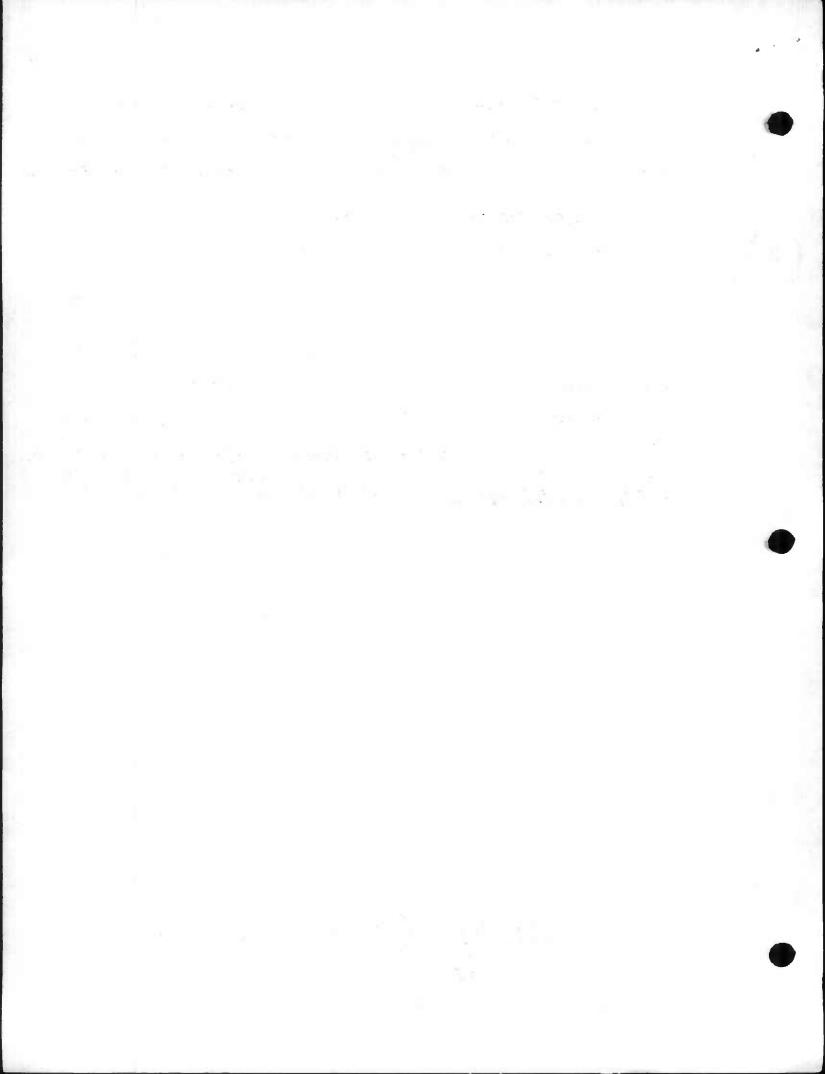


State of Maryland / Department of Health and Mental Hygiene 0.6

_		Decedent's Name (First, Middle, Last)	Certificate of		Reg	. No.	3. Time of Death
Physici		MAY FRANCES BILES			JULY 10	, 1996 Pear	7:45a
/Medic Examin		4e. Facility Name (If not institution, give street end number)		4b. City, Town, or Loc	ation of Death	4c. County of Death	
		BOWIE HEALTH CENTER		BOWIE		PRINCE	GEORGES
Funeral Director		5. Social Security Number 219-38-0522 6. Sex 1 ☐ M 2 ☐ 7. Age (In yrs	Ast birthday) If Under 1 Yea Months Days	r If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Dey, MAR 3, 1	9. Birth PEN	place (State or Foreign ntv) INSYLVANI
yland M M			y, Town or Location				10d. Inside City Limits
fine Maryla 28s-f sho notified st	Director	MD. PRINCE GEORGES	BOWIE				1 X Yes 2 □ No
The second	rai Dire	10e. Street and Number 3422 EVERETTE DEIVE	10f, Zip Code	20716	10g	. Citizen of Whet Cou USA	ntry?
21215-0020 d within 72 hours after day glone. The manufacture of thems the Medical Examiner m	by Funeral	11. Maritel Status 1 □ Never Merried 2 □ Married 3 ★ Widowed 4 □ Divorced 12. Was Decedent Ever in U, Armed Forces? 1 □ Yes 2 □ No If Yes, Give Year or Dates:	S. 13. Was Decedent of If Yes, specify Cul	Hispanic Origin? (Spec ban, Mexican, Puerto F o Specify:	cify Yes or No- lican, etc.)	14. Race - Ameri Black, White Specify: BI	
15-C	Completed	15. Decedent's Education (Specify only highest grede completed)	18a. Decedent's Usual Occu (Give kind of work done life. DO NOT use retin	pation during most of workin	g 16	b. Kind of Business/Ir	ndustry
212 within ione. than	ошо	Elementary/Secondary (0-12) College (1-4or 5+)	HOMEMAK			DOMES	TIC
nd : e filed affred ather	Be C	17. Fether's Name (First, Middle, Last)		18. Mother's Name	(First, Middle, Ma		,110
ylai ould b Menti arkad arte e	70	ROBERT VANCE	1	MARY	VANCE		
b, Maryland and 2 should be lie saith and Mental Hy n 27 is marked othe her traumatic event.		19a. Informant's Neme/Relationship (Type, Print) THOMAS BILES (SON)	19b. Mailing Address (Stree 3422 EVERE			E, MD. 2	
Baltimore, semil. Pages 1 ar Separtment of Hea moortant: If Isem; any injury or other ance.		1 Provide a Domestica a Domestica at a Constitution of the Constit	lace of Disposition (Name of emetery, crematory or other plane) NG MEMORIAL	PARK 7/1:	3/96 R		OWN, MD.
Ball permit Depart Import any in		21. Signature of Funeral Service Licensine B. Cyl		ress of Facility GA			
Physician /Medical Examiner partitions of the principle o	Medical Examiner	Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting In death) Last	andiae ras a consequence of): yor Hyw	Arzhy jalsm		a	Interval Between Onset and Death Lhr Lyzs Lyzs Lyzs
BOX eath cert ettendin for use	cian						4
P.O.	hysi	Part II. Other eignificant conditions contributing to death but not pesu	Ilting in the underlying cause g	iven in Pert I.		. /	o the cause of death
cords, P.O. Box requires thet the death cer been signed by the ettendin should be deteched for use	ed by P	~ valetes	neerins		1 ☐ Yes	autopsy 24b. W	ere autopsy findings
Il Records, The law requires ti ate hes been signe page 2 should be o	Completed by Physician/M				performe	cc	vailable prior to ompletion of cause death?
Vital I	BeC	25. Was case referred to medical		26. Place of Deeth		2 No 1	☐ Yes 2☐1No
hysic his ce	2		ER/Outpatient 3LI DOA		e 5 Residenc	e 6 □Other (Speci	fy)
Division of Vita To the Hospital or Attending Physician: within 24 hours efter deeth. To the Funeral Director: After this certifical completely filled in by the funeral director,	Certification:	27. Menner of Death 1 © Natural 5 Pending (Month, Day Year) 2 Accident investigation 3 Suicide 6 Could not be		Yes 2 No	8d. Describe how		
DIVI		4 Homicide determined 286. Place of Injury - At no building, etc. (Specify			City or Town, S		
the Hosp in 24 hou the Fune upletely fil	ledicai	29a. Certifier (Check only one) 1 Certifying Physician: To the best of my know one) 1 Medical Examiner: On the bests of examination and manner stated.	viedge, death occurred at the t ion end/or investigation, in my	ime, date and place, ar opinion, death occurred	nd due to the caus d at the time, date	e(s) and manner es s and placa, and due t	etated. o the cause(s)
To 1 To 1	Σ	29b. Signeture end title of certifier	ax D:	se number 3 48 6 0	29d	Dete signed (Month,	Dey, Year)
			23a) (Type, Print) SU] ANNAPOLIS RO		M, MARY	LAND 207	706
Stat Registra		31. Date filed (Month, Day, Year) JUL 1 1 1996	102				

DHMH 16 Rev 6/95

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decadent's Nema (First, Middle, Last, 2. Deta of Deeth 3. Time of Death Sr. **Physician** Month 8.15 p.n d eads 00 Julu /Medical Facility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 10 DO rederick 5. Sociel Security Number If Under 1 Year If Undar 24 Hrs. 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** Months Days 1 MM 2□ F 0-20-1306 68 Yrs **Director** Usuel Residence of Decedant 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Director NA 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? finer must be n 21230 nna Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 3-5-1946 1 ☑ Yes 2 ☑ No If Yes, Giva Yaar or Detes: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Rece - American Indian. 11. Marital Status r than "natural", or item the Medical Examiner. Black, Whita, etc. filed within 72 hours after 1 ☐ Never Merried 2 ☑ Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: ò 3 ☐ Widowed 4 ☐ Divorced Black Completed 15. Decedent's Education (Specify only highast grada complated) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) Company grade permit. Pages 1 and 2 should be file.
Department of Health and Mental Hyge
any injury or other reumatic event, I 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Beatrice Beads Washington arene 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2251 21230 Saltimore Hnna Md Mary 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) 7-10-9 Veteran 21. Signeture of Funarel Sarvice Licensee 22. Name and Address of Facility H. West umbash 2 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrast, shock, or heert feilure. List only one cause on each line. Approximate Intarval Between Onset and Death **Physician** /Medical Immediate Cause (Finel disease or condition resulting in deeth) Examiner 5 The law requires that the death certificate be executed attending physician and for use as the bunel-transit Sequentielly list conditions, it any, leading to Immediate cause. Enter Underlying Couse (Diseese or Injury that initieted events resulting in deeth) Last Due to (or es e consequence of) Physician/Medical Due to (or as e consequence of): signed by the a Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown ۵ 24b. Wara autopsy findings availabla prior to completion of causa of death? page 2 should 24a. Was an autopsy Completed certificate has

25 No 1 Yas

26. Plece of Deeth (Check only one)

1 🗆 Yas 2 No

25. Wes case examiner?	AND STREET	medical
1 Yas	2 No	

27. Menner of Deeth 5 Pending Investigation Neturel

1 Inpatient 28e. Dete of Injury (Month, Dey Year)

28b. Time of

28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

2 ER/Outpatient 3 DOA

28c. Injury at Work? 1 Yes 2 No

Other: 45 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

28f. Location (Street end Number or Rural Routa Number, City or Town, Stete)

29e. Cartifier (Check only one)

2 ☐ Accident 3 Suicide

4 - Homicida

15 Certifying Phyelcian: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) end manner es stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end plece, end due to the cause(s) end menner stated.

29b. Signature and title of certifier arau

6 Could not be determined

29c. License number

29d. Dete signed (Month, Dey, Year)

30 Name and ddress of person who completed cause of deeth (Item 23a) (Type, Print)
SAMBANDAM BAS KARAN 3455 BALTIMORE, MD 21229 WILKENS AVE 1996 St. La Saire 31. Data filed (Month,

State Registrar

DHMH 16 Rev 6/95

Division of Vital Records, P.O. Box 68760.

Hospital or Attending Physician:
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To the Hosp within 24 hou To the Fune completely fi

director,

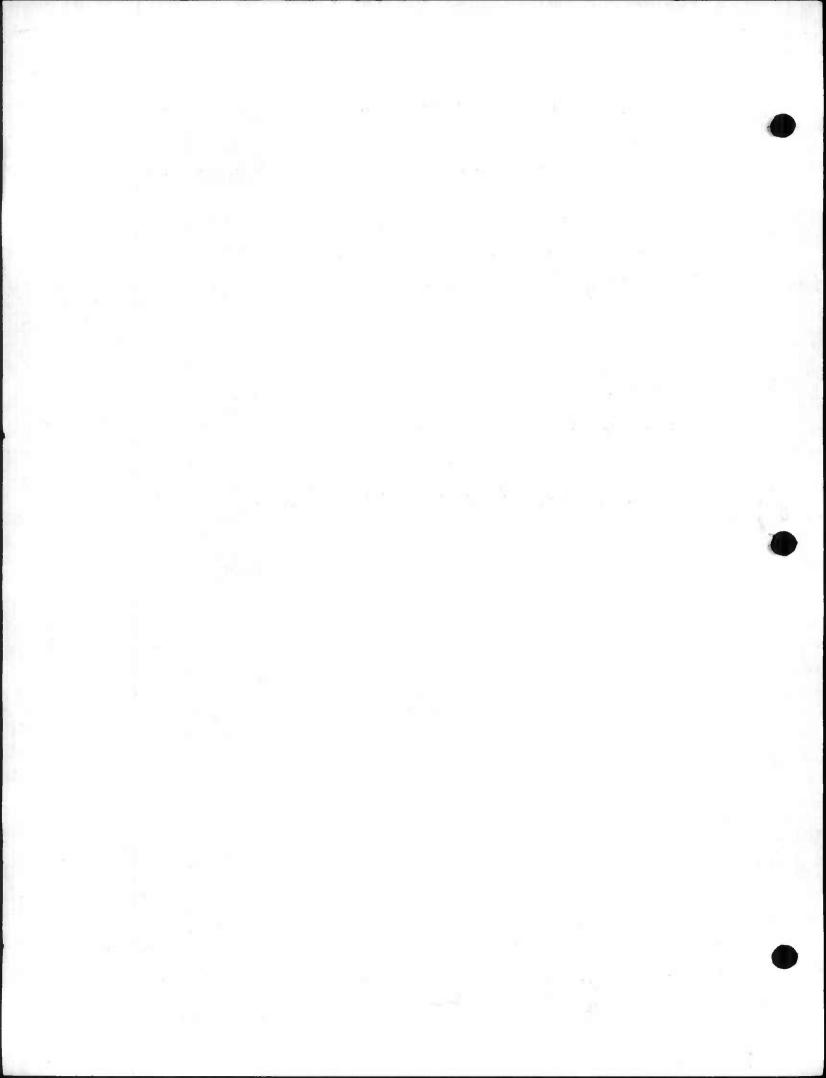
funeral

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Certification:

Medical

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death July 10, 1996 **Physician** Nathaniel 7''20 AM Brantley /Medical 4b. City, Town, or Location of Death 4a. Fecility Nama (If not institution, give street and number) 4c. County of Deeth **Examiner** baltimore City General Hospital Maryland BALTIMORE If Undar 1 Year if Undar 24 Hrs. 8. Dete of Birth (Month, Dey, Year) South CAROLINA

1 South CAROLINA 6. Sex 1X M 2□ F 5. Sociel Security Number 7. Aga (In yrs. lest birthday) **Funeral** 249-12-2294 Usuel Residence of Decedent Director the Maryland 10e. Stata 10b. County 10d. Inside City Limits 10c. City, Town or Location ed other than "natural", or items 23e or 28e-f show event, the Medical Examiner must be notified at BALTIMORE BALTIMORE CIT Ves 2□No Director MARYLAND 10e. Street end Number 10g. Citizan of What Country? 1501 N. DUKELAND STREET USA Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Yeer or Dates: 13. Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bieck, White, etc. 2 should be filed within 72 hours after and Mantal Hygiene. 8 marked other than "natural", or the Never Married 2 ☐ Married Maryland 21215-0020 1□ Yes 2D No Specify: BLACK ð 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest greda complated) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) LABORER NONE 17. Fether's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Melden Sumama) i Amil, Bages 1 and 2 should be Department of Health and Manta mportant: if Item 27 is marked JOHN BRANTLEY 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 2742 W. FAIR MOUNT AVE BALTIMORE, HD. 21223
ce of Disposition (Name of Data 20c. Location - City or Town, Stete JONES ELVIRA Hambre, 20e. Method of Disposition

1. Buriel 2 Cremetion 3 Ramovei from Steta 20b. Plece of Disposition (Name of cematery, crematory or other plece) injury or 7-15-96 BALTIMORE, MD. 4 Doneties 5 Othar (Specify) 22. Name and Address of Facility on JR. FUNERAL HOME, P.A. JOSEPH H. BROWN JVE. BALTHORE, MD. 21217 of Funerel Service Licensee 23a. Pert1. Entar the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Physician /Medical Immedieta Causa (Final diseese or condition resulting In death) Lung Cancer Examiner Metastasis to the Brain Examiner the attending physicien end thed for use es the burial-transit Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Dua to (or as a consequence of): Respiratory Failure due to Obstructive Pneumonitis Division of Vital Records, P.O. Box 68760 requires that the death certificeta be Physician/Medical Dua to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably ★ Unknown þ 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Wes an eutopsy performed? Completed XX certificate 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was case refarred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospitel: 1 Ampatient 2 EP/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To To the Hospital or Attending Phys within 24 hours after deeth.

To the Funeral Director: After this completely filled in by the funeral di 28a. Date of Injury (Month, Dey Year) 27. Mannar of Deeth 28b. Time of 28d. Dascribe how injury occurred 28c. Injury et Work? 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not ba determined 3 Suicida 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide 12 Certifying Physician: To the best of my knowledga, daeth occurred at the time, dete end place, and due to the causa(s) and mannar as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daeth occurred at the time, data and place, end due to the cause(s) end menner stated. Medicai 29e. Certifier (Check only one) 29b. Signeture end title of certilers 29c. License number 29d. Date signed (Month, Day, Year) 89269 July 10, 1996 1115AI (M.1)-Neme end address of person who completed cause of daeth (Itam 23e) (Type, Print) Gervacio Diaz, M.D. c/o Maryland General Hospital 31. Date filed (Month, Day, Year) 32. Registrar's Signatura State

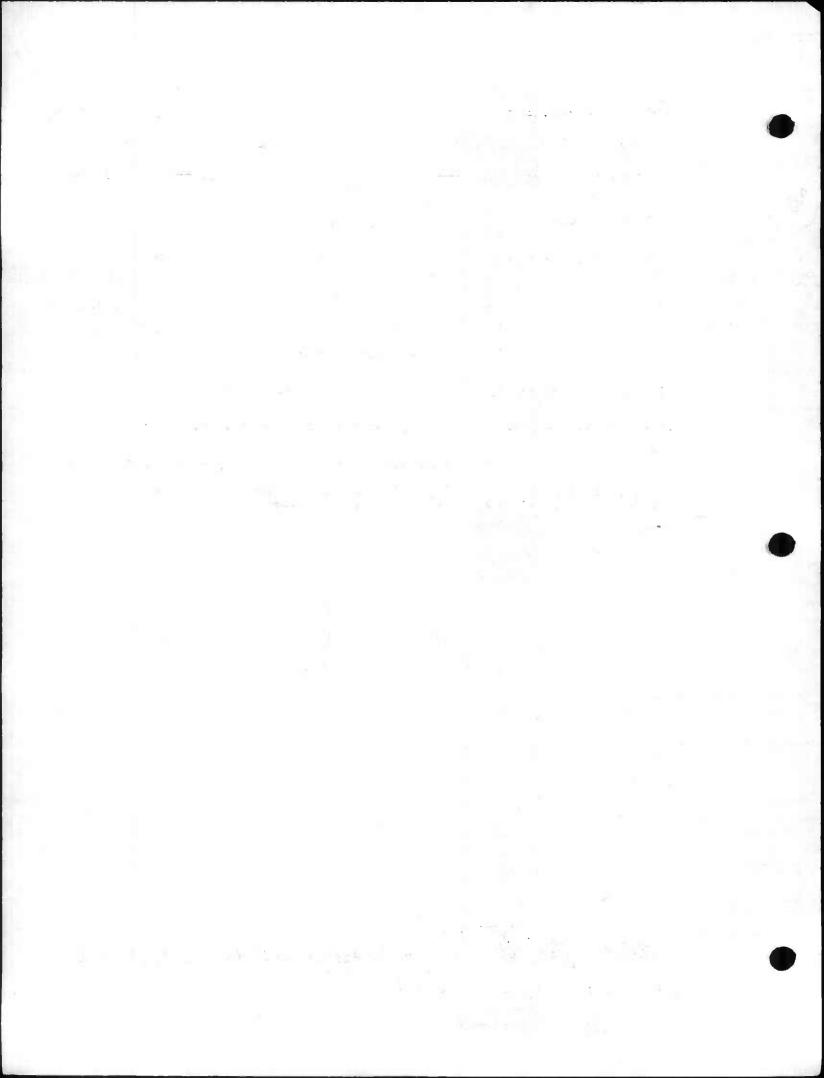
Sulia Vairdson Randolle

Registrar

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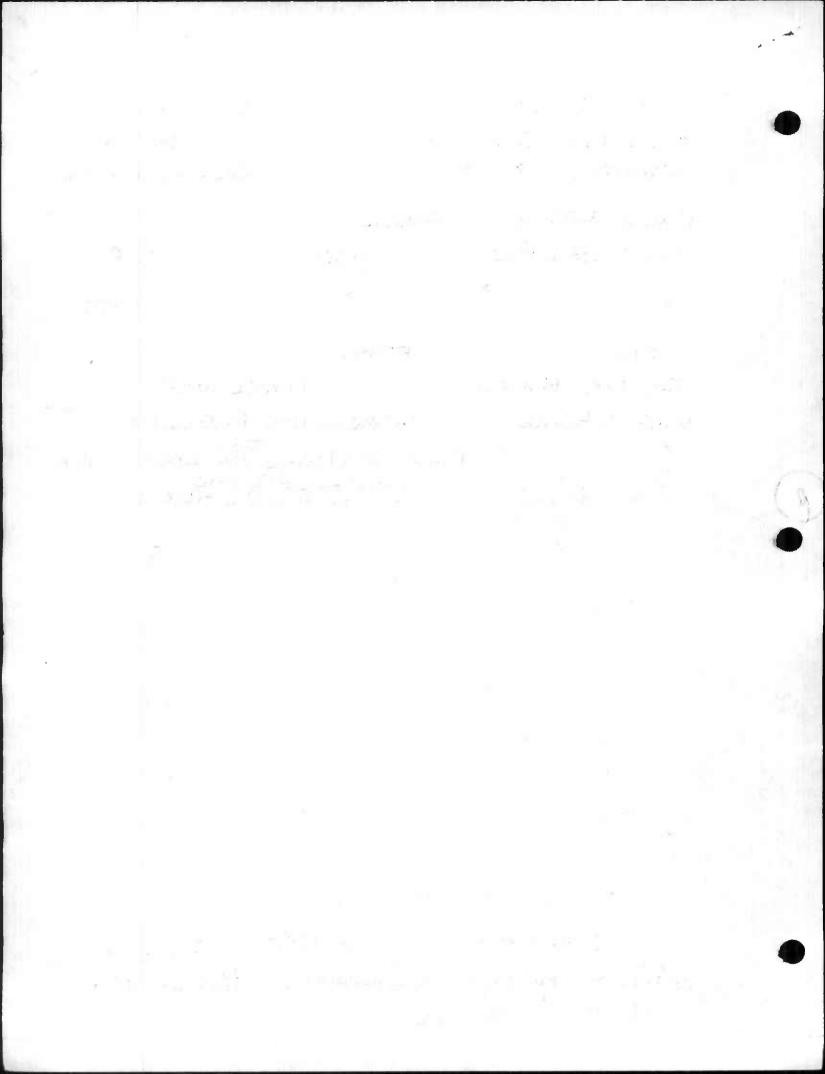
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			Certificate of De	eath	Rag. No. 96 205
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/Medi		4e. Facility Neme (If not institution, give street end number)	4h	City, Town, or Location of Dee	5 1996 8 PM
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Funeral		5. Sociel Security Number 6. Sex 7. Age (In yrs. lest	birthday) If Under 1 Yaar II	f Under 24 Hrs. 8. Date of B	irth 9 Birthplace (State or Foreig
Director	- 1	214 33 4777 1□ M 3▼ F 90 Usual Residence of Decedent	Yrs. Months Days	Hours Min. Month, L	2 1906 MARYLAND
show	_		own or Location		10d. Inside City Limit
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with the		10e. Street end Number	10f. Zip Code		10g. Citizen of Whet Country?
eath w	eral	11. Maritel Status 12. Wes Decedent Ever in U.S.	21234	anic Orlain? (Specify Vec or N	lo- 14. Raca - American Indian,
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s 1 end 2 should f Health end Men fem 27 is marke other treumetic				/ \ - / \ /	ber, City or Town, State, Zip Code) 21234
of Health item 27 other tr		20e. Method of Disposition 20b. Plece	of Disposition (Name of	150AO PARK	20c. Location - City or Town, State
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2		DR'GRACITO PATRICIO 8	903 HARFOR	O KORD TAR'	KVILLE MARYLAM
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DHMH 16 Rev 6/95



State of Maryland	Department of	Health and	Mental H	ygiene
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Certificate of Death Reg. No. 1. Decedant's Nama (First, Middla, Last) 2. Date of Death 3. Tima of Death Physician Month 48 Kum 14 OSTON SSONCE KENNED JULI /Medical 4a. Fecility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Daath 4c. County of Daath Examiner Husping If Under 1 Year If Under 24 Hrs. 8. Date of Birth Days Hours Min. (Month, Day, Year) OF MHRYLIMO LUNDSIM BALTIMONE 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) Birthplace (State or Foraign Country) **Funeral** 1 M 2 X Usual Residance of Dacedant TWO W Director 22 JUNE 16,1996 MARYLAND death with the Maryland 10e. Stata 10b. County show 10c. City. Town or Location 10d. Insida City Limits ns 23a or 28a-f show XYas 2 No Director MD. N/A BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 1513 WEST MULBERRY STREET 21223 USA Funeral Hems ? Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amaricen Indien, Black, White, atc. 11 Marital Status 12. Was Dacedent Evar in U.S. Armed Forces?

1 Yas 2 No
If Yas, Giva 7 is marked other than "natural", or iten traumatic event, the Medical Example. permit Pages 1 and 2 should be filled within 72 hours after to Department of Health and Mantal Hygiene.

Brown and Health and Mantal Hygiene.

Brown in high or new 27 is marked on the state. 1X Navar Married 2 Married 1 ☐ Yas 2 No Specify: þ Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced Yaar or Dates Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decadant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) N/A INFANT N/A 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Maiden Surnama) Be HENRY P. COSTON LINDA KENNEDY 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) LINDA KENNEDY (MOTHER) 1513 WEST MULBERRY ST. BALTO, MD. 20b. Plece of Disposition (Nema of cematary, cramatory or other of 20a. Mathod of Disposition 20c. Location - City or Town, State 1 Surial 2 Cramation 3 Removal from Stete ZION CEMETERY 7/11/96 LANSDOWNE, MD. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licensea 22. Nama and Addrass of Facility CAPLE FUNERAL SERVICE 5502 WINNER AVE BALTIMORE, MD. 23a. Part1. Enfar tha diseasa, or complications that ceusad the death. Do not enter tha moda of dying, such as cerdiac or raspiratory arrast, shoot, or heart failure. List only one cause on each line. Approximata Interval Batween Physician Onsat and Death Immediata Cause (Final disaasa or condition resulting in daath) /Medical Examiner ENCEPHALOPATHY or Attending Physician: The law requires that the death certificate be executed Sequantially list conditions, if any, laading to Immadiata ceusa. Entar Undarlying Causa (Diseasa or Injury that Initiated avants rasulting In daath) Last use as the bunal-tran Box 68760, Physician/Medical Dua to (or as a consequence of) ō P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, ģ ate has been sign paga 2 should be 24b. Wara autopsy findings available prior to completion of ceuse of death? Completed 24a. Was an autopsy performad? certificate has 1 Yas 2 No 1 ☐ Yas 2 No Be 25. Was cese rafarred to medicel axaminar? 26. Place of Death (Check only one) Othar: 4 Nursing Home 5 Rasidance 8 Othar (Specify) Certification: To 1 Yas 2 No Hospital: ↑ Inpatiant 2 ER/Outpatiant 3 DOA this 27. Mannar of Deeth 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred Aftar 1 Natural 5 ☐ Pending within 24 hours after death. To the Funerel Director: A invastigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be datarmined Place of Injury - At home, farm, streat, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 - Homicida filled in Hospital 1 Certifying Physicien: To tha best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner es stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and manner stated. 29a. Cartifie Medicai (Check only one) 29b. Signeture and title of certifie 29c. Licansa number 29d. Data signed (Month, Day, Year) 30 Amme and address of person who completed ceuse of death (Item 23a) (Type, Print) 31. Data filed (Month, Day, Year) 32. Registrar's Signature State Registrar 1996

DHMH 16 Rev 6/95

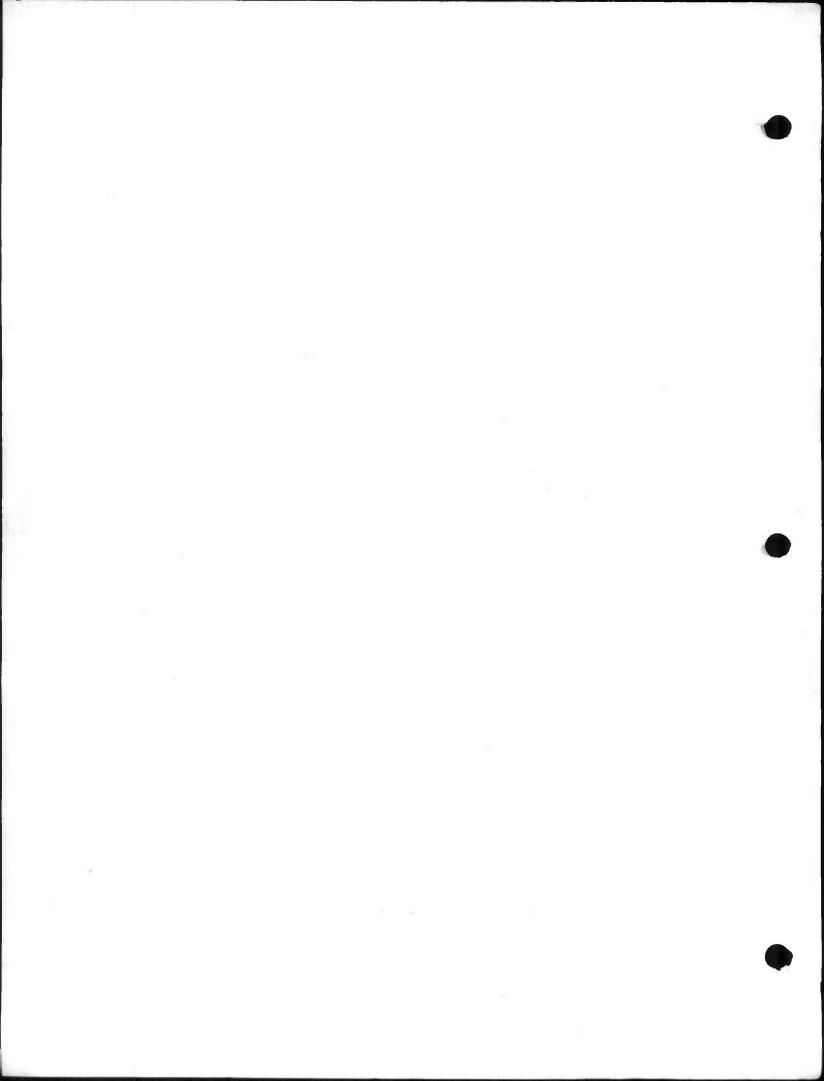
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 agains after death. Page 6 may be retained by the hospital or attending physician.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended, or tiem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

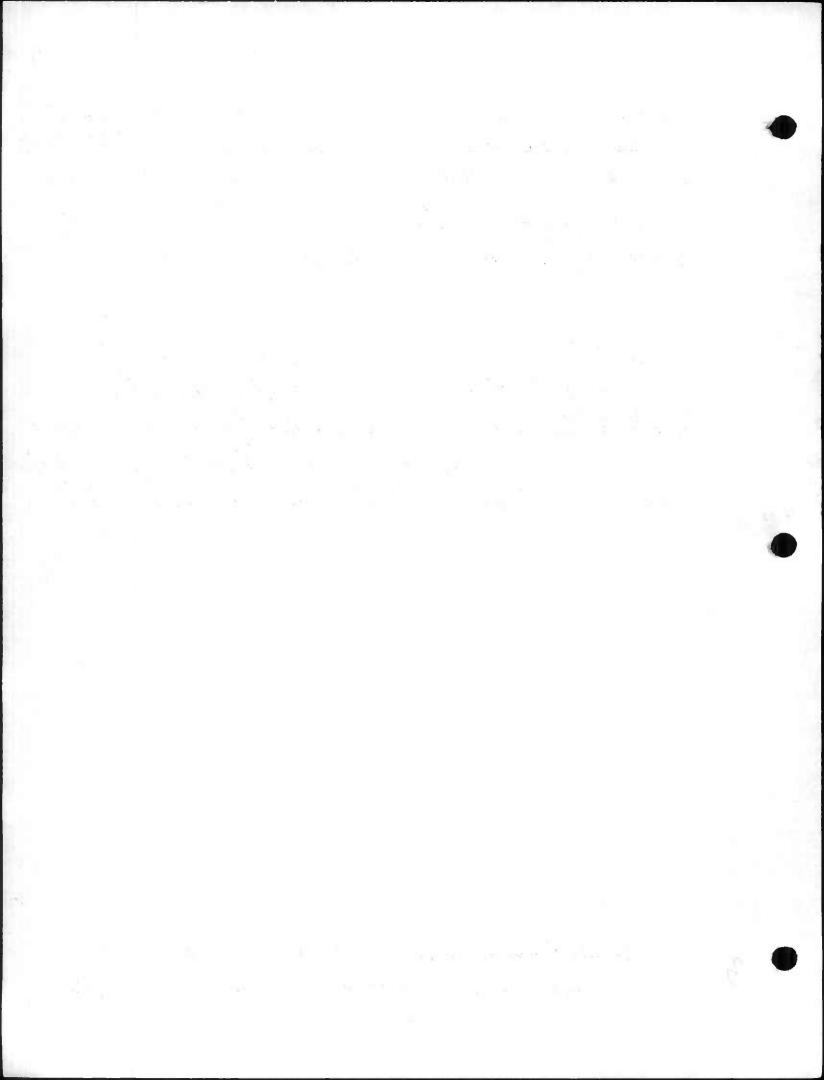
	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)	D L / () I	2. DATE OF DEATH 3. TIME OF DEATH									
	CHARLOTTE CRE							10:05 Am				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	JULY 10,	BIRTHPLACE (State or Foreign					
i	219782497	9782497 1 M 2 N F 65YRS. MONTHS DAYS				(Month, Day, Year) JULY 20. 1	1930 VIRGINIA					
1	9e. FACILITY NAME (If not institution, give s	9e. FACILITY NAME (If not institution, give street and number)				ATH	9c. COUNTY OF DEATH					
٤	1104A JOPPA ROAD	JOF	PΔ		HARFORD							
5 1	RESIDENCE OF DECEDENT		1.73		PIANFOND							
DIRECTOR	10e. STATE 10b. COUNTY			tod. INSIDE CITY LIMITS?								
		MO HARFORD JOPPA										
₫	10g. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHA											
	1027 JOPPA ROAO				21085		USA					
FUNEMAL	11. MARITAL STATUS 1 Never Merried 2 Merried	t2. WAS DECEDENT EVER I					or No- 14.	RACE — American Indian, Black, White, etc.				
2	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	IF YES, GIVE WAR OR DATES t YES 2XXNO SO			r.	Specify: WHITE					
	15. DECEDENT'S EDU	CATION	t6e. DECEDENT'S US	IIIAL OCCUPATIO	DN .	16b. KIND OF BUS	INESS (INDUST					
	(Specify only highest grade	(Give kind of wor	k done during mo	st of working	IND. KIND OF BUS	In I						
COMPLEIED	Elementary/Secondary (0-12)	HOUSEW:			OWN H	OME						
5	17. FATHER'S NAME (First, Middle, Last)	0			18. MOTHER'S NA	ME (First, Middle, Meiden	Surneme)					
- 11	CHARLES STOVER				LULAE	BELLE	UNK.					
200	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street e	nd Number or Rural F	Route Number, City or Town	n, State, Zip Coo	de)				
۲	CHARLOTTE M. O'Q	UINN/DAUGHTE	R 1104A	JOPPA	ROAO JOF	PPA, MO 210	085					
	20e. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF	DISPOSITION (Na	ame of	DATE 20c. LOC	CATION — City	or Town, State				
ŀ	1 X Buriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	metery, crematory or other	HILLS		7/13 BAL	TIMORE	E, MD				
	21. SIGNATURE DE NUNEINAL SERVICE LIC	21. SIGNATURE OF NUMBER AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY										
	CVACH/ROSEDALE FUNERAL HOME 1211 CHESACO AVE 21237											
-	23. PARIT Enter the diseases, or	complications that causa	d the death. Do no				ratory arrest	, Approximata				
	ahock, or heart failura. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death											
	disease or condition resulting in death)	a. // DA	Small	caro	er les	of lem						
		DUE TO (OR AS	A CONSEQUENCE OF):									
RIFICALION	Sequentially list conditions,	b. DUE TO (OR AS	A CONSEQUENCE OF:									
Ţ	if sny, lesding to immediata cause. Enter UNDERLYING		,									
	CAUSE (Disease or injury that initiated events	CAUSE (Disease or injury										
	reaulting in death) LAST											
ט ט	DADT II Other stanistees and	ne eestelbustee to de co	had not result of	ability and a six		Bara I .						
À.	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part						PERFORMED? AVAILABLE					
5								OF DEATH?				
E E	1 YES 2 NO											
2	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN U											
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:											
PHYSICIAN: MEDIC	t 🗆 YES 2 🔀 NO	1 Inpatient 2 ER/Out	patient 3 DOA 4	☐ Nursing Hon	ne 5 Reeldence							
5	27. MANNER OF DEATH Natural 5 Pending	(Month, Day, Year)	26b. TIME INJUI	RY WC	IURY AT DRK?	28d. DESCRIBE HOW II	NJURY OCCUR	ED				
20	Accident Investigation				1 YES 2 NO							
	3 Suicide 8 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, fa building, etc. (Specify)				factory, office 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)							
LEI ED												
1	29e. CERTIFIER (Check only control of the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner es stated.											
}	one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end menner es stated.											
1	296. BIGNATURE AND TITLE OF CERTIFIED \$\int_{\text{0}}\text{plus blue burner}\$ 29c. LICENSE NUMBER \(\text{03} 6 95 \) \(\text{7} \) \(\text{7} \) \(\text{11} \) \(\text{9} \)											
5	- TOX	phylub	ms		036	> 7)		0/111/16				
-	30. NAME AND ADDRESS PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) C. J. Frey Schlue derbos M 3004 Emmorton Rd. Abinglan M											
	31. DATE FILED (Month, Day, Year)	22 DEGISTRAR'S SIG	nosile									
	JUL 1 1 1996 a	1.1.357										



State of Maryland / Department of Health and Mental Hygiene 96

					Ce	rtificate o	f Death	1	Re	g. No.		_ 0 0 1	
			Decedent's Name (First, Middle, Last)						2. Date of Death Month Day Ye			3. Time of De	eath
Physic /Med			BARBARA Alice CARTER						JULY 8.	1996	Year	4:29 A	M
1	Exami		4e. Fecility Neme (If not institution, give			CARTE		own, or Lo	cation of Deeth	4c. County	of Death	1 4 . 4 7 . B	Lalla
			THE JOHNS HOPKIN	S HOSPITAI			BALTI	MODE	CITY	CITY V/A			
	Funeral		5. Social Security Number 6. S	Sex 7. Age (In yrs	. last birthday)	If Under 1 Ye	er If Under	24 Hrs.	8. Dete of Birth (Month, Day,	Manual	9. Birthp	place (State or F	oreign
	Director		215-56-1092 Usuel Residence of Decedent	1□M 20(F) 44	Yrs.	Months De	/s Hours	Min.	(Month, Day,	-/95/	Coup), C.	
	d 2 should be filed within 72 hours after death with the Maryland th and Mental Hygiene. T is marked other than "natural", or items 23a or 28a-1 show traumatic event, the Medical Exeminer must be notified at	Director	10e. State 10b. County 10c. City, Jame or Location 10d. finside City Lim 10e. State 10b. County 10d. finside City Lim 10f. Street and Number 10f. Zip Code 10g. Citizen of What Country?										
			3004 C/it/0	m) Ans.		21	516			11.	5/	4,	
		Funeral	11. Marital Status	12. Wes Decedent Ever in L	J,S. 13.	Was Decedent of	of Hispenic Or	rigin? (Spe	ecify Yes or No-		ce - Americ		
0		þ											
02	ours Eva		3 ☐ Widowed 4 ☑ Divorced	If Yes, Give \(\) Year or Dates:		1 □ Yes 2,27 N	lo Specify			Specif	1/00	10	
5-0	2 should be filed within 72 hours aft and Mental thygiene "natural", or is merked other than "natural", or annetic event, the Medical Example.		15. Decedent's E (Specify only highest gre	ducation	16a. Dece	dent's Usual Oco	cupation	nt of work	ina	18b. Kind of B	usinessen	flustry	
21215-0020		Completed	Elementery/Secondary (0-12)	College (1-4or 5+)	DIAL	DO NOT use ret	ired) Den	indi	te	Hos	pil	5/	
	office office	To Be C	17 Father's Neme (First, Middle, Last	1101	1	10/5	18. Moth	er's Name	(First, Middle, N	faiden Sumaf	ne)		
Maryland	fental ked o		Dozier Be	Il toole			(1)	11/	c. m	Ae,	GR	een	
an	should and Mer marke umatic		19e. informant's Name/Relationship (Type. Print)	19b. Malli	ng Address (Stre	et and Numb	er or Run	al Royte Number	City or Town	, State, Zip	Code)	
	1 and 2 Haalth a em 27 is		mr. RegiNAld	CArten	300	40/1	Tow A	ve.	BALLIA	nove	' Smd	212,	16
ore	es 1 and of Haalth I Item 27 r other t		20a. Method of Disposition		Place of Dispo	osition (Name of metory or other)	nlace)		Dete	20c. Location	- City or To	wn, Stete	/
áltimore,			1 Burial 2 ☐ Cremation 3 ☐ Donation 5 ☐ Other (Specif	THemoval from State	locto	PM STA	× (0)	71	1/13/9/	Cota	1/	les m	1
三	그는무를		21 Signature of Funeral Service Lice		24	2. Name and Add	dress of Facili	ity	-	0 - 4	1911	me	11
a	Depa impo any le		Var de 1	1 /2.10	1	oseph,	4.14	155	1-4/4	0 14	, , ,	4/-	
			23a. Parti. Enter the disease, or com	pullcations that caused the dea	th Do not an	2220	U-NO	7/1	140C.E	Allin	sure,	Md2/2 Approximete	16
	Physician /Medical Examiner		List only	one cause on each line.		tor the mode of t	lynig, soci es	o carciac c	or respiratory ene	,		Interval Betwee	en ath
			Immediate Cause (Finel disease or condition resulting In death)	a	Sep.	515					1	2 day	S
		_	rosoning in souni,	Due to (or as e conse	quence of):					1	1	
	sit 9d	i-	_	b	Hepa-	hc to	ulur.	e			<u> </u>	6 mor	iths
, 0,	erificate be ing physicia a as tha bur	i Examiner											
ox 68760,		n/Medical	resulting In death) Last Due to (or es a consequence of):										
Bo.	death ce e attend id for us	Physician/	Part II. Other significant conditions of	ontributing to death but not re-	sulting In the u	nderlying cause	given In Pert		23b. Dfd to	hacco usa co	ntribute to	the cause of r	leath?
P.0	by the	h	Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Acute Renal Failure					••	23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown				
ú	s tha	by P	House Ren	al failure						4,4110	•		
Vital Records,	aw requiras that the de is been signed by the 2 should be datached	e Completed t	Disseminated	1 Intavascula	er Coc	egulation	n		24a. Was ar perform	n autopsy ned?	COL	ere autopsy find eileble prior to mpletion of ceus death?	
æ	A C W					· ·			1 ☐ Ye	s 2 No		∃Yes 2⊠ No	
ta	lclan: The certificata rector, pag		25. Was case referred to medical				OF Plan	o of Doot	(Check only one		1	3 105 ZUN NO	
>	Physician: this certific ral director,	To B	examiner? 1 ☐ Yes 2 No	Hospitel: 1 npatient 2	ER/Outpatier	nt 3 DOA	Wher				(0		
o	Physic this aral di		27. Manner of Death	28a. Date of injury	28b. Time o				me 5 Reside 28d. Describe ho			/)	
o	To the Hospital or Attending Physician: which 24 hours after deals of the Funeral Director: After this certific complately filled in by the funaral director,	Certification:	1 Natural 5 Pending investigation	(Month, Day Year)	Injury		/ork? □Yes 2□						
Division of			3 Suicide 6 Could not be determined	28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)				28f. Location (Street and Number or Rural Route Number, City or Town, State)					
	Hospital of the Puneral C		298. Certifier TSr Certifying Physician: To the best of my knowledge death occurred at the time, date and place, and due to the cause(s) and manner as stated										
	To the Hospital within 24 hours a To the Funeral (complately filled	ledicai	(Check only one) 2 Medical Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner steted.										
		Σ	29b. Signature and Who of certifier)			nae number	_	1	d. Date signe	-	•	
	2		Ja Und	swood n	10	Y	n617	5		IVLY S	8,10	196	
	5		30. Name and address of person who	completed ceuse of death (Item	m 23a) (Type,	Print) HNS HOP	KINIS	HOSE	PITAL,	RAITI	MOPE	.mD	
	Sta		31. Date filed (Month, Day, Year)	32 Begistrar's Sign	erute	,. 5 ,,0/	,-// -			13110111	, rocc	11112	
	Registr	ar	JUL 1 1 1996	June wandson- ga	المراحية								

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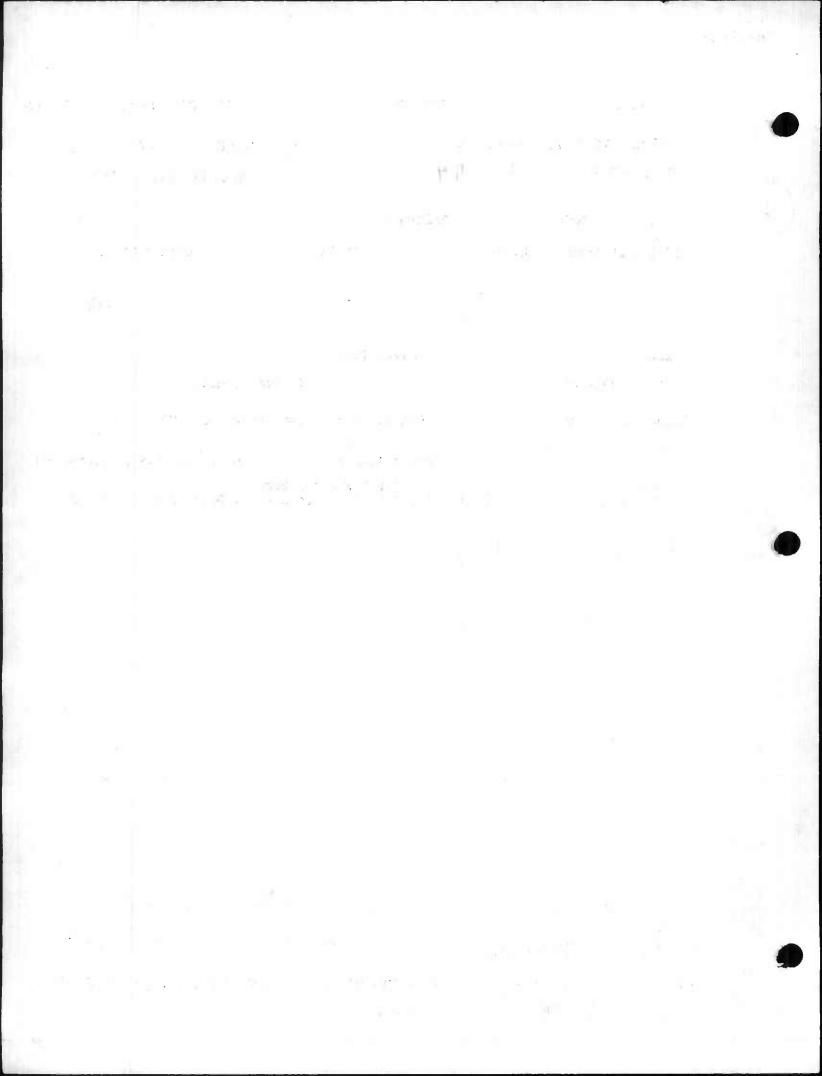
				00/11/10	ate of Death		leg. No.	
D		1. Decedent's Neme (First, Middle, Last)			911	2. Dete of Dea		3. Time of Dec
Physici /Medic		ERIKA D	ANAE CASEY			JULY		11:10
Examir		4e. Fecility Name (If not Institution, give			4b. City, Town, o	r Location of Deeth	4c. County	of Death
		NATIONAL NAVAL ME	DICAL CENTER	R	BETHI		MON	NTGOMERY
Funeral Director		5. Social Security Number 6. Security 18 - 45 - 3/82	7. Age (In y	rs. lest birthday) If Ur Mont	hs Deys Hours Mi		7, Year) 1995	9. Birthplece (State or For Country) MARY LAN
8 m		10e. Stete 10b. County	10c.	City, Town or Location				10d. Inside City L
28a-f ahow notified at	ō	MARYLAND BAL	TIMORE	B	ALTIMORE	CITY		1X Yes 2
282	Directo	10e. Street end Number	TTTORE		Zip Code		10g. Citizen of W	/hat Country?
200		4110 TWIN CIRC	16 1.2A1/		2/22	7	us	· A
2 2	era		12. Wes Decedent Ever in	U.S. 13. Wes De	ecedent of Hispenic Origin?	Specify Yes or No-		- American Indien,
"netural", or items 23s or 28s-f show solical Examinet must be notified at	by Funeral	1 Never Merried 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:		specify Cuben, Mexican, Pue specify Cuben, Mexican, Pue s 22 No Specify:	nto Rican, etc.)		K, White, etc. BLACK
"netural", adical Exa	Completed	15. Decedent's Educ		18e. Decedent's L	Isuel Occupation	a dela a	16b. Kind of Bu	siness/industry
	ple	(Specify only highest grade Elementery/Secondery (0-12)	College (1-4or 5+)	life. DO NO	work done during most of w T use retired)	orking		1 / ,
r than	E O	0	00110g0 (1 401 01)	\wedge	/A		N	IA
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and h		19e. Informent's Neme/Reletionship (Type			ress (Street and Number or I			
alth ar n 27 is er trau		KIMBERIV (ASEI/	/	1			
item 27 other tr		20e. Method of Disposition		. Plece of Disposition (Neme of	Dete //	20c. Location -	City or Town, Stete
0 - 5		1ABuriel 2 ☐ Cremetion 3 ☐ R	emovel from State	Cernetery, Cremetory	ur urrer piecer			
tant Jun		4 Donetion 5 Other (Specify)	G	ARRISON	FORESI	1-10-96	00011	VGS MILLS,
Department important: any injury conce.		21. Signature of Funeral Service License	e (22. Neme	FOREST a end Address of Facility PH H BRO ON FULTO	20,20 TR	FUN	EAL Home
0 5 6 9			. 1	2111	A CULTON	AVE VA	AITIMA	05 MA 2/2
nysician	0	23a. Pert1. Enter the disease, or compli- shock, or heart feilure. List only or	cetions that caused the de ne cause on each line.	eeth. Do not enter the r	node of dying, such es cardi	ec or respiratory er	rest,	Approximete Intervel Betwee Onset end Deel
nysician Medical xaminer)er	shock, or heart feilure. List only or Immediate Cause (Finel disease or condition resulting in deeth)	ne cause on each line. MULTI ORG	GAN FAILURE	node of dying, such es cardi	ec or respiratory er	rest,	Approximete Intervel Betwee
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State of Maryland / Department of Health and Mental Hygiene Q 6

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ı	Physic	ian	Decedent's Name (First, Middle, L LOUISE	^{ast)} Thelma Louise	Tilgh	man Dutto	n		2. Date of D	Peath	99 ^{Year}	3. Time of Heath
	/Med		4a. Facility Name (If not institution, gi	ive street and number)	TOUT	1011		Ah City Town	or Location of Dea		y of Death	9:05 PM
	Exami	ner		D. APT. 9L					IMORE		/A	
J	Funeral Director		5. Social Security Number 6.		yrs. lest bi	rthday) If Uno Yrs. Month	dar 1 Year ns Deys		n. 8. Dala of B	iath Y 3921		olaca (Stete or Foreign ntry) 1 and
'n	M Taga		10a. State 10b. County	100	c. City, Tow	m or Location					1	0d. Inside City Limits
, u	The Ball	cto	Maryland N/A		Balt	imore						1 X Yes 2 □ No
	death with In	Funeral Director	10e. Street and Number 5220 York Road	Apt. 9L		10f.	Zip Code 2121	2		10g. Citizen of United		
0000	or he	þ	11. Marital Status 1 □ Navar Married 2 □ Married 3 □ Widowed 4 ☆ Divorcad	12. Was Decedent Evar Armad Forces? 1 ☐ Yes 2 ੴ No If Yes, Give Yaar or Datas;	in U,S.		cedant of I pacify Cub		(Specify Yas or N arto Rican, etc.)	lo- 14. Ra Bla Speci	ce - Americack, White,	etc.
5-(72 hours "natural",	Completed	15. Decadant's E (Specify only highest gr	ducation ade completad)	16a	. Decedent's Us (Give kind of	sual Occup work done	oation during most of w d)	orking	16b. Kind of E	Business/Ind	dustry
121	withir ane. than	Idmo	Elementery/Secondary (0-12)	College (1-4or 5+)						VO.	-iou	5
d 2	Hyg thar		12th 17. Father's Name (First, Middle, Las.			Clerk T	ypıs		ame (First, Middl			
ılan	D = 0	To Be	Thomas Tilghman						a L. Gui		,	
, Maryland 21215-0020	2 sh end ls m		19a. Informant's Name/Relationship Esther D. Dutton	Type, Print)					Rurel Route Num Baltimon			Code)
Baltimore,	7 # P		20a. Method of Disposition 1 X Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci	Removal from State	camete	f Disposition (A ry, cremetory o	r other ple	ca)	Deta 7-10-96	20c. Location		ounty, MD
Balti	pemit. Pa Departmen important: any injury once.		21. Signature of Funeral Service Lica		-1	22. Name March	and Addre	eral Hom				-11-11
			23a. Part1. Enter tha disaasa, or com shock, or heart failure. List only	plications that caused the	death. Do						IND Z.	Approximate
	The law requires that the death certificate be executed by the attending physician end pege 2 should be detached for use as the burial-transit as	edical Examiner	Immadiate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to Immadiate cause. Enter Underlying Cause (Disease or injury that Initiated events	b. — Due t	to (or as a	consequenca o	f):					
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O. B	e deat	Physician/	Part II. Other significent conditions of	ontributing to death but not	resulting Ir	n fha underlying	cause giv	en in Part I.	23b. Did	I tobacco uae co	entributa to	the causa of death?
s, P.O	es thet the	by Phy							1	Yes 2 No	3 Prob	ebly 4⊠Unknown
Records,	ne law require I has been si ge 2 should	Completed							per ∓nsρ	s an autopsy ormad?	ava	ara autopsy findings allable prior fo appletion of cause death?
			25. Wes case referred to medical							Yes 22 No	1)[Yes 2□ No
of Vital	Physician: this certific ral director,	To Be	examiner? 1 X Yes 2 □ No	Hospital: 1 ☐ Inpatient	2 🗆 ER/Ou	tpatient 3 [Oca Oth	er.	eath (Check only Home 5 X Res		ner (Snecify	,1
	The line		27. Manner of Death 1	28a. Date of Injury (Month, Dey Year	28b. T	Îlme of njury M	28c. Injur Wor			how injury occur		,
5		Certification:	3 Suicide 6 Could not be determined	28e. Placa of Injury - A building, etc. (Spe	At home, fa	rm, straet, facto	ory, office			(Street end Numi wn, State)	ber or Rurel	Route Number,
	o the Hospital or within 24 hours aff To the Funeral Di completely filled in	edical	29a. Certifier (Check only one)	ysician: To the best of my niner: On the basis of exem and mannar stated.	knowledge Ination end	, death occurre d/or investigation	d at the tin	ne, date and pled pinion, death occ	e, end due to the urred at the time	cause(s) and m date and place,	anner as sta and due to	ated. the cause(s)
i	within 2 To the comple	Σ	29b. Signature and title of certifier	. 1		2	9c. Licens			29d. Date signe		
5	1		30. Name and address of person who	completed cause of deeth (Item 23a) (Type, Print)		.C.M.E	•	JULY	00,	1990
	()		MANY DON TO D. K.	oner un	111	Penn	Stre	et, Ba	ltimore	e, Mary	land	21201
	Sta Registr	re.	JUL 1 19	96 32/Registrate Si	Son-A	andelle						



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Month **Physician** LISA Ann DOUGLAS 06, JULY 1996 10:00 P.M. /Medical 4c. County of Deeth 4e. Fecllity Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth Examiner BALTIMORE STELLA MARIS HOSPICE If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 9. Birthplace (Stete or Foreign Country)

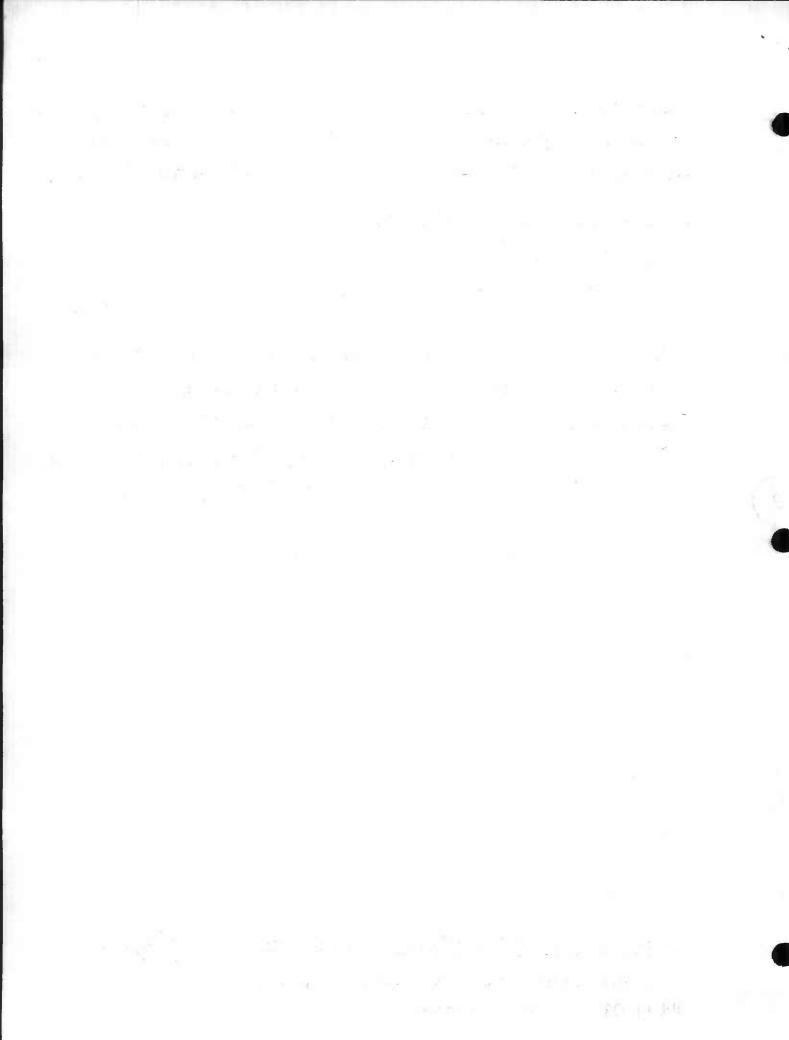
ARY AND 5. Social Security Number 6. Sex 7. Age (In vrs. last birthday) **Funeral** Months Deys Hours Min. 1 □ M 2 ₹ F Sho Yrs. 319 3P 8POP Director 191 db. 191 Usual Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28a-f show traumstic event, the Medical Examiner must be notified at 1 ☐ Yes 28 No Directo BALTIMORS 3420320> WESTERO 10e, Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21237 5320 KOAC U.S.A death 12. Wes Decadent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien 11. Maritel Status Bleck, White, etc. Yes, Give hours efter 1 Never Married Merried I ☐ Yes timore, Maryland 21215-0020 1 ☐ Yes 256 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced WHITS Year or Dates 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Pages 1 end 2 should be filed within nent of Health end Mental Hygiene. int: If item 27 is marked other than ' Elementery/Secondery (0-12) College (1-4or 5+) 12YRS. 4YRS. LUSTOMER SERVICE BILL 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be SHULDO MARY WILLIAM LANDOR 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number of Rural Route Number, City or Town, Stete, Zip Code) 2023 20b. Plece of Disposition (Name of cametery cremetory or other place) ROBER B. DOUGLAS MAGZON KOAD PARYLAND 20c. Location - City or Town, Stete 20e. Method of Disposition Dete JULY 10 6 Burlal 2 Cremetion 3 Removel from State Department of Important: If any injury or once. BURNES SANCEOR 4 ☐ Donetion 5 ☐ Other (Specify) 1996 BALLIMOR MARYLAND re of Europa Service Licenses 22. Name and Address of Facility とくるいとみんなしのド 21. Sid WRIES pro 8300 HARFORD 12000 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause of each line. Norma Approximete Intervel Between Onset end Deeth Physician Immediete Ceuse (Finel MELANOMA, MET disease or condition resulting in death) Examiner Examiner physicien and the buriel-transit be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest Due to (or es e consequenca of) Records, P.O. Box 68760. Physician/Medical Due to (or es e consequence of) 80 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dtd tobacco use contribute to the cause of death? signed by a 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown by The lew requires 24b. Were autopsy findings evelleble prior to page 2 should Completed 24e. Wes en eutopsy performed? peed completion of cause of deeth? hes certificate 2 No 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certifica 25. Wes case reterred to medical Be 28. Plece of Death (Check only one) exeminer? 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 6 NOther (Specify) HOSPICE P 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 27. Manner of Deeth 1 Waturel 28e. Date of Injury (Month, Dey Year) 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred Certification: 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident investigation 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28t. Location (Street end Number or Rurel Route Number, City or Town, Stete) in by 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end placa, end due to the cause(s) end menner es steted.

Medical Examtner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete end place, end due to the cause(s) end menner steted. 29e. Certifier Medical 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dev, Year) 30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print) DR. KENDALL FAULKNER 2300 DULANEY VALLEY RD., TOWSON, MD

State Registrar 31, Date tiled (Month, Dey, Yeer)
JUL 11 1996

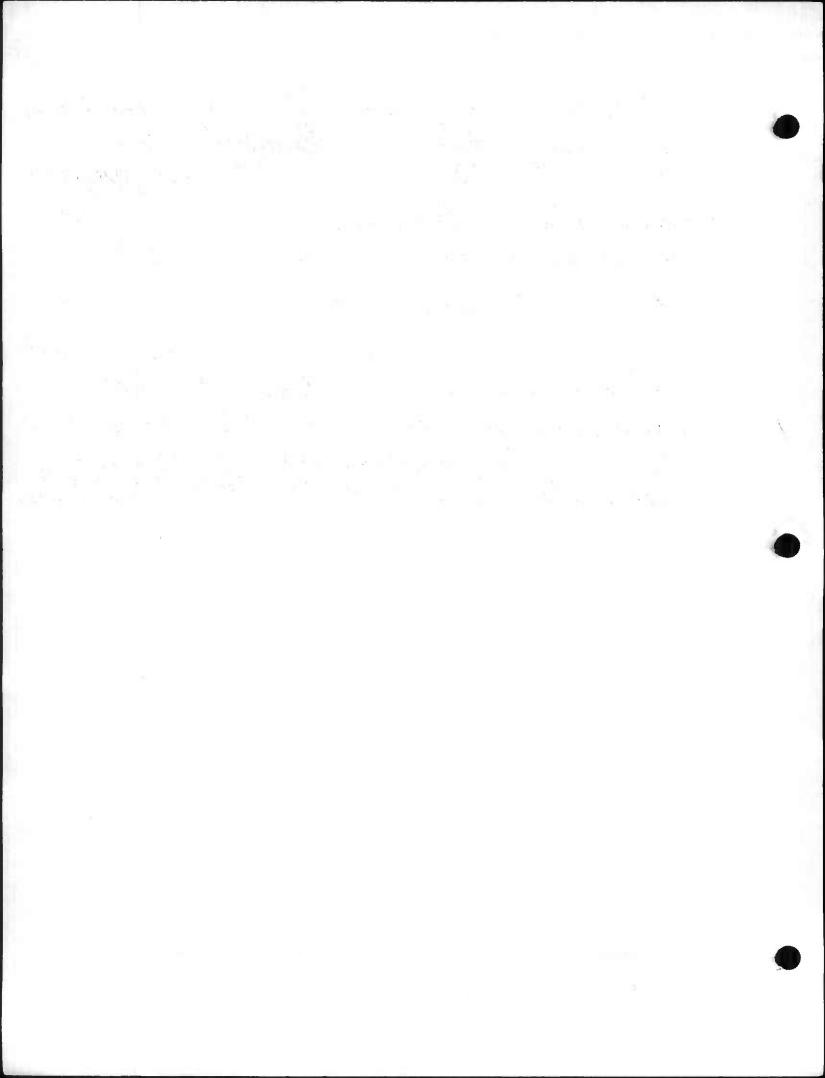
Julia Dandson-Annall



State of Maryland / Department of Health and Mental Hygiene 96

96 2052

	Film G	737	item 25 per dr 7-11	-96 rja	Certificate of Death	Reg. No.	20077
	Physici	an	1. Decedent's Neme (First, Middle, Las	st) /	1) 00	2. Date of Death Menth / Day	3. Tima of Death
	/Medic		CHARIES	Henry	Dorsey	July a	2 /996 8:20Am
	Examir	er	4a. Facility Nama (If not institution, give	. 11 / 1	4b. City, Town,	or Location of Death 4c.	County of Death
c			250/ W. JAn	IVALE STREET	birthdey) If Under 1 Year If Under 24 I	more	11/17
н	Funeral Director		5. Social Security Number 6. S	ex 7. Age (In yrs. last)		fin. (Month, Day, Year)	9. Birthplace (State or Foreign
	_	1	Usuel Residence of Decedent	00		Julyay	112/1/meyima
	yland		10a. Stete 10b. County	10c. Say, To	own or Location		10d. Inside City Limits
	Mar	tor	MARY/And 11/1	7 /36	Mimore		1 Dives 2 □ No
	ith the Marylan or 28a-f show	Director	10e. Street end Number		10f. Zip Code	16g. Citiz	zen of What Country?
	23a		2501 W. LAn	vale 5%	21216	И.	SH
	kems kems	Funerai	11. Maritel Stetus	12. Wes Decedent Ever in U,S. Armag Forces?	13. Was Decedent of Hispanic Origin? If Yas, specify Cuban, Maxican, Po	(Specify Yes or No- uerto Rican, atc.)	14. Race - American Indien, Bleck, White, atc.
20	ours after death with the Maryla st', or Nems 23a or 28a-f shor Examinet ment be notified at	by Fu	1 Never Merriad 2 Merried	1 Yes 2 No If Yes, Give	1 Yas 2 LNO Specify:		Specify: RACK
8	"natural",		3 ☑ Widowed 4 ☐ Divorced 15, Decedent's Ed	Year or Dates: UV	Co. Decedent's Hayal Occupation	40h Kin	and of Provinces of Industry
Maryland 21215-0020		Be Completed	(Specify only highast gra	da completed)	Se. Decedent's Usuel Occupation (Giva kind of work dona during most of life. DQ NOT use retired)	working 166. Kir	nd of Business/Industry
212	iene.	omp	Elementery/Secondery (0-12)	College (1-4or 5+)	ABORER	Rot	hlehom Steel
PC	other	Je C	17. Fether's Name (First, Middle, Last)	\	18. Mother's I	Name (First, Middle, Maiden	Sumeme)
lar	uld be Aente rked rked	To B	ChARles H.	DORSEY BR	Em	ma Qu	cen
lan	s 1 and 2 should be filed within Health end Mentel Hygiene. 1em 27 is marked other than other traumatic event, the M		19e. Informent's Name/Reletionship	Type, Print) / 1	9b. Malling Address (Street end Number of	Rural Route Number, Citylor	r Town, State, Zip Code)
	D = 1		ienise L. 1)	ORSEY 4	4120 Mountwa	od Kd, BA	40. Md. 2029
Baltimore,			20e. Method of Disposition	0.000.0	of Disposition (Neme of tery, cremetory or other place)	Date / 20c box	cation · City or Town, Stata
Ë	permit. Pege Department of Important: If any Injury or		4 Donetion 5 Other (Specify	(1)	U CATHEDRA (em	7/6/96 194	Atto Md.
Salt	permit. Pe Departmen Important: any Injury	18	21. Signature of Funeral Service Licen	see ()	22. Name end Address of Fecility	. Tones J.	R.PH RA.
Щ	205 20		Deria la	ims fors	4101 Edmon	dson the	BATTO Md 21229
10			23e. Pert1. Entar the diseasa, or company shock, or heart failure. List only	plications that caused the death. Done cause on each line.	o not enter the mode of dying, such as car	diac or raspiratory errast,	Approximata Interval Batween
	Physician						Onset end Death
	/Medical Examiner		Immediete Cause (Final diseasa or condition resulting in deeth)	e. Concer	2 h Lung	æ	y & an
п		<u>_</u>	resulting in deeth)	Due to (or as	a consequence of):		
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_6	ntificate be executed ing physician and ses the buriel-transit	Examiner	Sequentielly list conditions, if eny, leeding to Immediate	Due to (or es	e consequenca of):		
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	ertificat ing phy e es th	Medi	resulting in deeth) Lest	Due to (or es	a consequanca or).		
Вох				d			
	The law requires thet the death ce ate hes been signed by the ettendi pege 2 should be deteched for use	Physician/	Pert II. Other significant conditions or	ontributing to death but not resulting	In the underlying cause given in Pert I.	23b. Did tobacco	use contribute to the cause of death?
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ord	v require been si should I	Completed	bress.	nd atrione	la rei	24a. Was an eutop parformed?	available prior to
eC	law rees be	pie					completion of cause of deeth?
= R		Con				1 ☐ Yes 2 以	ZN6 1 □ Yes 2 □ No
/ita	yslcian: The scentificate director, peg	Be	25. Wes case referred to medical exeminer?			Deeth (Check only one)	
of	Physic this c	T 0	103 25110	Hospitel: 1 ☐ Inpatient		g Home 5 DResidence 6	
Division of Vital Records,	ng ther une	Certification:	27. Menner of Deeth 1 ☐ Waturel 5 ☐ Pending	(Month, Dey Yeer)	D. Time of lnjury et Work?	28d. Describe how injury	y occurred
Sign	Attendir deeth. ctor: At y the fu	icat	2 Accident investigation 3 Suicide 6 Could not be		M 1 Yes 2 No	28f Location (Street en	d Number or Rurel Route Number.
O	or A efter Direction by	ertif	4 ☐ Homicide determined	building, etc. (Specify)	term, street, factory, office	City or Town, State)	
	To the Hospital or Attendi within 24 hours effer deeth To the Funeral Director: A completely filled in by the f	C	29a. Certifier 1// Certifying Phy	/sician: To the best of my knowled	ge, deeth occurred et the time, date end pl	ece, and due to the cause(s).	end menner as stated
	• Hor 124 h • Fur	edlcal	(Check only 2 Medical Examone)	iner: On the besis of exemination and menner stated.	end/or Investigation, in my opinion, deeth o	ccurred et the time, date end	plece, end due to tha cause(s)
	Vithin To th	M	29b. Signetura and title of certifier		29c. Licanse number	29d. Date	e signed (Month, Dey, Year)
			Arlendo 1	by left servey, one	in 20483	2 /2	uly 2, 1996
	w		30. Neme end eddress of person who				,
	1			M. SABUNAS	27.		
	Sta		31. Date filed (Month, Day, Year)	32. Hegistrege Signature	Marke 600		
	Registr	ar	JUL 1 (1996	304 million francos		



,				Ce	rtifica	te of	Death		Red	a. No.			
Dharaista		1. Decedent's Neme (First, Middle, L	ast)						te of Deeth	Dey	Yeer	3. Tim	ne of Death
Physiciar /Medica		CASSIE	M. DORSEY						1/96	Dey	1001	10.	:00 pm
Examine		4e. Fecility Neme (If not institution, g.			_		4b. City, Town,	or Location	of Deeth	4c. County	of Deeth		F
	8	4634 COLEHERNE	RD. (HOME))			BALT	IMORE		BALTI	MORE	CITY	
Funeral Director		5. Sociel Security Number 6. 213 34 0425 Usuel Residence of Decedent	Sex 7. Age (In) 1□M 2#F 61	yrs. lest birthdey, Yrs.	Months	er 1 Yea B Deys		Ain. (M	te of Birth onth, Dey, 1 31/35	(ear)	9. Birthpl Coun S .	lece (Stetty)	ete or Foreig
hours affar deeth with the Maryland Arral, or flems 23a or 28a-f show all Evant for must be mortified at the French Police of the Arrange of		10a. Stete 10b. County	10c.	City, Town or L	ocation						16	0d. Insid	le City Limits
Many	٥	MD. BALTO.	CITY	BALTIM	IORE							坤.	Yes 2 □ No
28e	Funeral Director	10e. Street end Number	CITT	DALIT		ip Code			10	g. Citizen of	Whet Coun	try?	
0 M	5	4634 COLEHERNE	ROAD			2122	o a			USA		•	
2	Jera	11. Meritei Stetus	12. Wes Decedent Ever i	n U,S. 13.			Hispanic Origin ben, Mexican, P	? (Specify Ye	es or No-		ce - Americ	an Indie	n,
if of Haalth and Mental Hyglana. If Itam 27 is marked other than "naturelt, or Items 23s or 28s-f show or other traumatic event, the Medical Exameter must be notified at	2	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 Yes 2# No If Yes, Give Yeer or Detes:		If Yes, sp 1 ☐ Yes			uerto Rican,	etc.)	Specif	ck, White, or	etc. ACK	
dical	200	15. Decedent's E (Specify only highest g.	Education	18e. Dece	dent's Us	uel Occu	petion	working	10	6b. Kind of B	usiness/ind	dustry	
than r	Completed	Elementary/Secondery (0-12)	College (1-4or 5+)			use retir	e during most of ed)	y			E05::	00	
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H doth	Be	17. Fether's Neme (First, Middle, Las					18. Mother's				1.5		
marked o	0	MITCHELL	RAGIN					RGREE		VILLIA			
is m		19a. Informent's Neme/Reletionship			-		et end Number o					Code)	
Haalth am 27 ther tr	-	DOCTOR EARL MAT		b. Piece of Disp			SEVERN						
if ita		20e. Method of Disposition # Burial 2 Cremetion 3	Removel from Stete	cemetery, cre	metory or	other pi	ece)	Date	9 20	Oc. Location	- City or To	wn, Stet	е
tant:		☐Donetion 5 ☐Other (Spec	A	RBUTUS N				6	AI	RBUTUS	, MD.		
Department of H Important: If Ita any injury or of once.		21. Signeture of Funeral Service Lice	1 Cate	7 2			ress of Fecility SROTHERS JTAW PL.	FUNE	RAL HO	OME P.	A. 17		
		23a. Pert1. Enter the diseese, or con shock, or heert feilure. List only	npilcations that caused the d	leeth. Do not en	iter the mo	ode of dy	ring, such as car	diec or respi	retory erres	st,		Approx	lmete Between
ysician	1			,		1							end Death
Medical	-	Immediate Ceuse (Finel disease or condition	Resper	a tany	Fai	lu	e				i	de	oh
aminer	۱	resulting In deeth)	Due t	o (or es a eonse	quenca of):					i		_
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n and ial-transit	E	Sequentially list conditions,	O Due to	oras a conse	quence of):	<i>(</i> :						
Sian Surial		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	JACOM	rus Cé	ell	Lu	ng Co	nces			- 1	10	sec
tha b	edical	thet initieted events resulting In deeth) Last	Due to	o (or es e conse	quence of):)						
E 8	Σ		d										
for use	and a		u .								1		
tha s	Physician	Part II. Other significant conditions	contributing to death but not	resulting in the u	underlylng	cause g	iven in Pert I.	2	3b. Did tob	acco use co	ontribute to	the cau	use of death
datached	5								1 Yes	2 □ No	3 Prot	oably	4 🗆 Unknow
58 2	5										041: 141		and the state
paga 2 should	erex							24	te. Wes en perform		eve	nilabie pi	osy findings rior to of cause
has by ya 2 s	ğ							_				deeth?	010000
pag	5								1 ☐ Yes	2000	10	Yes	2K No
certificata haractor, paga		25. Was case referred to medical examiner?					26. Place of	Deeth (Che	ck only one)			
00		1 ☐ Yes 2 No	Hospitel: 1 Inpatient	2 ☐ ER/Outpetle	nt 3□ t	JUA	ther: 4 Nursir	ng Home 5	Residen	ca 6 □Ott	ner (Specify	v)	
Aftar th funaral	5	27. Menner of Deeth 1 Neturel 5 Pending	28e. Dete of Injury (Month, Dey Year	r) 28b. Time of Injury		28c. Inj	ury et ork?	28d. Ď	escribe hov	Injury occur	rred		
rs after death. al Director: After led in by the funer. Certification:		2 ☐ Accident Investigation			М	1[]Yes 2 ☐ No						
after death Director: /		3 Suicide 8 Could not determined	28e. Plece of Injury - A building, etc. (Sp.		reet, fecto	ry, office	a .		cation (Stre ty or Town,	et and Numi State)	ber or Rure	Route	Number,
le di le C		4											
within 24 hours a To the Funeral I complately filled	20	(Check only 1 Medical Exa	hysician: To the best of my miner: On the basis of exam	knowledge, deet Ination end/or in	h occurre vestigetion	d et the t	time, dete end pl opinion, death o	ece, end du	e to the cau	ise(s) and m	enner as st end due to	eted.	se(s)
within 24 hours a To the Funeral I completely filled	5	1 1	end menner steted.										
\$ P 8		29b. Signature and title of certifier	110 hrs	1			nse number		290	d. Dete signe	ou (Month, I	ову, Y60	11)
0		ICA CIULI	ugues 1812			07	V356		V	uly 8	199	16	
4		30. Name and eddress of person who	completed cause of deeth (Item 23e) (Type,	Print)								
V		WILLIAM C: WA	TERFELLD MD	CANCER	CENT	ER S	ST. AGNE	S HOS	PITAL				
State	•	31. Deta fied (Mpnt), (1996)	guna savedson of	PRINCE									
State		WILLIAM CT WA	//			ER S	ST. AGNE	S HOS	PITAL			3	

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

Physicia /Medic Examin	าก	1. Decedent's Neme (First, Middle, L.								Reg. No.			
/Medic	an I		ast)						2. Date of Dec		Yee		me of Death
		Millie	EggL	ESTON					July	8th	199		-40am
		4a. Fecility Name (If not institution, gi	va street end num	ber)			4	b. City, Town, or	Location of Beath	4c. (County of De	ath	
	١,	Bon Secour Hospi	tal					Baltimo			N/A		
Funeral Director			Sax 1□M 2☑F		last birthday).	If Undar Months	1 Year Days	If Under 24 Hrs. Hours Min.	8. Data of Birt (Month, De Aug. 10			irthplaca (5 Country) irgin	itata <i>or Foreig</i> n
B # 1		10e. Stete 10b. County		10c. Ci	ty, Town or Lo	cation						10d. ins	ida City Limits
Aaryla 4 show ind at	0	Maryland N/A		Ba	altimor	0							Yes 2□No
ror 28a-t	Director	10e. Street end Number				10f. Zip	Code			10a. Citiz	en of Whet	Country?	
A A		1633 Cliftview A	เขอกแอ				2121:	3			ted St		
2 2	Funeral	11. Meritei Status	12. Was Deced	lent Ever in U	J,S. 13. V			ispanic Origin? (S n, Mexican, Puert	pecify Yes or No-		4. Race - Ar		en,
al', o	þ	1 Never Married 2 Merried 3 ₩ Widowed 4 Divorced	Armed Ford 1 Yas 2 If Yes, Give Year or Del	No No		f Ya <i>s</i> , spec 1 ☐ Yes 2		n, Mexican, Puert Specify:	o Rican, atc.)		Bleck, Wi Specify:	alack	
natural,	Completed	15. Decedent's E	ducation		16a. Deced	lent's Usua	ai Occupa	ation		16b. Kin	d of Busines		
Man Ta	e e	(Specify only highast gi Elementery/Secondery (0-12)	ede completed) Coilege (1-	4or 5+)	life. L	KING OF WOR	rk done d se retired	ation fu <i>ring most of wor</i>)	rking	/	/		
d with	Ö	3rd	-		Но	ousew:	ife			Own	Home		
二 日 日	Be (17. Father's Neme (First, Middla, Las	t)						ne (First, Middle,	Maiden S	Sumeme)		
Menta Menta arkad atic ev	70	William Carter						Jennie	Davis				
2 sho and 3 s ms		19e. informant's Neme/Reletionship	(Type, Print)		19b. Meilin	g Address	(Street	end Number or Au	aral Route Numbe	r, City or	Town, State	, Zip Code)	
2442		Harriett Fentres	S		1924	Hille	enwo	od Road,	Baltimo	re,	MD 212	239	
ges 1 and to the title of the t		20e. Method of Disposition		20b. I	Place of Disposemetery, cren	sition (Nen	ne of	9)	Data	20c. Loc	ation - City	or Town, St	ete
Page ento y or		1 N Burlai 2 □ Cramation 3 L 4 □ Donetion 5 □ Other (Speci		lete	w Beth				ship ₁	Mehe	rrin,	Vira	inia
permit. Pag Department Important: I any injury o once.	1	21, Signature of Funeral Service Lice	* -					s of Fecility	/-11				
Depa Impo any i	- 1	1	- K(1				eral Hom	e				
		23a Part1. Enter the disease, or con shock, or heart failure. List only	nolications that ca one cause on ea	sed tha daa ch line.	th. Do not ante	L101 1 ar tha mod	E. No a of dying	orth Ave g, such as cardiad	nue, Bal or raspiratory ar	timo rast,	re, MI	Appro	ximete ei Between and Deeth
Physician /Medicai		immediete Causa (Finei	D.I	4 1	0.								
Examiner		disaese or condition resulting in deeth)	e. P110		PN e		nia					700	rys
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death certificate be executed e attending physician and sd for use as the burlai-transit	Examiner	Compartially list and disland	b	njected	or as e conseq	TY PI	7 1	ulcers				and	mouth
in an	EX	Sequentielly list conditions, if any, leading to immadieta cause. Enter Underlying Cause (Diseese or injury	C.				. ;	E 0 . \					
ng physician and as the burial-transit	Ca	thet initiated events	c	nges.	or as a consequ	12ar	1	Failure				+	
the second	Medical	rasulting in deeth) Lest			CO		+	8					
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attendir d for use	<u>S</u>	Dort ii Other elevideent conditions		Alle le la mara mara			Outside for each	To Donald	non Did				
signed by the a	Physician/	Pert ii. Other significant conditions	contributing to dea	th but not ras	sulting in the un	nderrying c	ause give	en in Pert I.					use of death?
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ata has been signed by the	Completed								perfo	rmed?		completio	opsy findings prior to n of cause
has 3e 2											/	of deeth?	,
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s certificata ha	Be	25. Wes case referred to medical exeminer?	Hospitel:				Oth		eth (Check only o	ne)			
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or Attendate death Director:	≣	4 Homicide determined	289. Placa o	if injury - At h g, etc. <i>(Specil</i>	ome, ferm, stra y)	aet, fectory	, offica		28f. Location (8 City or Tox		Number or	Rurel Route	Number,
led in													
the fi	edical	(Check only 2 Medical Exa	hysician: To the b miner: On tha bes	est of my kno	wiedge, deeth	occurred o	et the tim	e, dete end pieca	, end due to the	ceuse(s) e	end menner pleca, end d	es steted.	use(s)
4 6	_	one)	end manne	r steted.									
E # 10	Σ	29b. Signeture and title of certifler				290	. License	number		29d. Deta	signed (Mo		ear)
within 24 hours after To the Funeral Dir completely filled in	1	/B I/ /			11			038993	2		71810	1	
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within To the comple		30 Name end eddress of person who		of deeth (iter				0 38 9913	3		11810	16	
To the Hospital or Attendi within 24 hours after death. To the Euneral Director: A completely filled in by the fu			completed cause	of deeth (iter	libert		lahi		altimor	e	ND	2121	5

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEN: 1. PER F¹.H. F¹ILM g-737

State of Maryland / Department of Health and Mental Hygiene 96 20525

Certificate of Death

					06		f Death		He	eg. No.	0	
	1. Decedent's Nam	ne (First, Middle, La	ast)	111				100	2. Dete of Deet Month	h	V	3. Time of Death
hysician /Medical	· Em a m	nie Alice	e Fromm						July	Dey 9 1	Yeer 1996	10:00 pm
Examiner				ber)			4b. City, To	wn, or Lo	cation of Deeth	4c. County		10.00 0
Autilitiei	The Bapt:	ist Home	of Mary	land			Owing	e Mi	11e		timo	20
	5. Social Security N			7. Age (In yrs.	last hirthday	If Under 1 Ye	-					
neral ector	220-22-6	763	1□ M 20 F	98	Yrs.	Months Day		Min.	8. Date of Birth (Month, Dey, June 30,	1898	Mar:	olece (State or Foreig http:/ yland
2	Usuel Residenca of	10b. County		100 Cits	y, Town or Le	nation						
D D		Too. County		Toc. On	y, TOWN OF L	cation						0d. Inside City Limit
Set Se	Maryland	Baltimo	re		Owing	Mills						ILIYES ZLIN
Funeral Director	10e. Street end Nui	mber				10f. Zip Code	9		16	0g. Citizen ot 1	Whet Coul	ntry?
23.00	10729	Park Hei	thts Ave			2111	7			U.S		
Examiner my	11. Maritel Status		12. Was Decad	dent Ever in U.	S. 13.	Was Decedent o	f Hispenic Ori	igin? (Spe	ecify Yes or No-	14. Rec	a - Americ	an indien,
교	1 Never Marr	ied 2 Married	1 ☐ Yes	2 No					Hican, etc.)		ck, White,	etc.
	3 Widowed	4 Divorcad	if Yes, Give Year or Da			1□Yes 2MIN	lo Specify:			Specify	Whi	te
1 0		15. Decadent's E	ducation		16e. Dece	dent's Usuel Occ	cupetion			16b. Kind of B		
r, the Medical	(Spec	cify only highest gr	ede completed)		(Give	kind of work dor DO NOT use ret	ne durina mos	t of work	ing			
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F O		(First, Middle, Last)		Audit	71	18 Mothe	er's Name	(First, Middle, N			venue ser
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To To				er					e May Bl			
une	19a. tntorment's Na		Type, Print)						el Route Number,			Code)
100	Shirley	W. Smith						erst	own, Md.	21136		
to	20e. Method of Disp			20b. P	leca of Dispo	sition (Name of matory or other p	/ece)		Date 2	20c. Location -	City or To	wn, Stete
70		☐ Cremation 3 ☐ 5 ☐ Other (Special		late				m. 7-	11-1996	Pikes	vill	ь MA
<u>.</u>	21. Signeture of Fu					2. Name end Add			11-1770	TINCE	V	, 114.
any injury or other traumatic event, its Medical Exa once. To Be Completed by	1	HAI	211	1/	E	khardt	Funera	1 Ch	apel			
0.000,000	9.	vaile	Willare	es .						gs Mil	ls, N	d. 21117
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lical	Immediete Ceuse ((Finel				-						
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detached for us	Pert tl. Other signifi	icant conditione c	ontributing to dea	th but not resu	Iting In the u	nderlying cause	given in Pert i		23b. Did tol	bacco use co	ntribute to	the cause of deat
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Deeth 3. Tima of Death **Physician** July Ronnie Anthony 5, 1996 Fortune 1:13 AM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Maryland General Hospital Baltimore City If Under 24 Hrs. Hours Min. If Under 1 Year Months Days 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foraign **Funeral** Days 216-82-8757 Usual Rasidance of Decedent 1 ₪ M 2 □ F Vrs Director 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits show the Maryla permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryla Department of Health and Mental Hygiene. Department of Health and Mental Hygiene. The important if item 27 is mericed other then "natural", or terms 23e or 23e-4 show any injury or other traumatic event, the Medical Examiner must be notified at 1 Yas 2 No Director MAYYAYC 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 18 21 2 Funeral 12. Wes Dacedant Ever in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 11. Meritei Status 14. Race - American indian, Bleck, Whita, atc. 1 ☐ Yas 2 No If Yas, Give Nevar Married 2 ☐ Ma Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: P 3 ☐ Widowed 4 ☐ Divorced Yeer or Datas Negro Completed 16b. Kind of Business 16a. Decedent's Usual Occupation
(Give kind of work dona during most of working plifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) dustry Elementary/Secondary (0-12) Collage (1-4or 5+ nemployed 17. Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middla, Maiden Surnama) Be 2 19b. Mailing Address (Street and No. 20a. Method of Disposition 20b. Place of Disposition (Name of 20c. Location - City or Town, Staye 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Signatura of Funerei Sarvice Licensee 23 Nama and 23a Hart I. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiec or respiretory check, or heart ailure. List only one cause on each line. Approximata Intarvai Batween Onset end Deeth **Physician** immediata Causa (Final diseesa or condition resulting in death) /Medical Acquired Immunodeficiency Syndrome Examiner Myocardial Infarction Examiner attending physician end if for use as the bunel-trensit The lew requires that the death certificate be executed Sequentially list conditions, if any, leading to immadiata cause. Entar Undarlying Cause (Disaesa or injury that in itiated evants rasulting in daath) Last Dua to (or es e consaquence of): Pneumocystis Carinii Pneumonia Records, P.O. Box 68760. Physician/Medical Due to (or es a consequence of): Part il. Other significant conditions contributing to death but not rasuiting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 3 Probably & Unknown signed by 1 ☐ Yes 2 ☐ No Pneumothorax þ 8 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy performad? peed completion of cause of death? page 2 s certificate has 1 ☐ Yes XX No 1 ☐ Yas 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, to Be 25. Wes casa rafarred to medical 26. Place of Death (Check only ona) Hospital: XXInpatiant 2 ER/Outpatient 3 DOA 1 ☐ Yes 20XNo Other: 4 Nursing Homa 5 Residence 6 Othar (Specify) P 28a. Data of injury (Month, Day Year) 27. Mannar of Deeth 28d. Dascribe how injury occurred Certification: 28b. Time of 28c. injury at Work? L'ONaturai injury 5 Panding investigation 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicida 6 Could not be detarmined 28f. Location (Straat and Number or Rural Routa Number, City or Town, State) 28a. Piace of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 4 Homicida Medical 1x Certifying Physician: To the best of my knowledge, death occurred at tha tima, data and place, and dua to tha cause(s) and manner as stated.

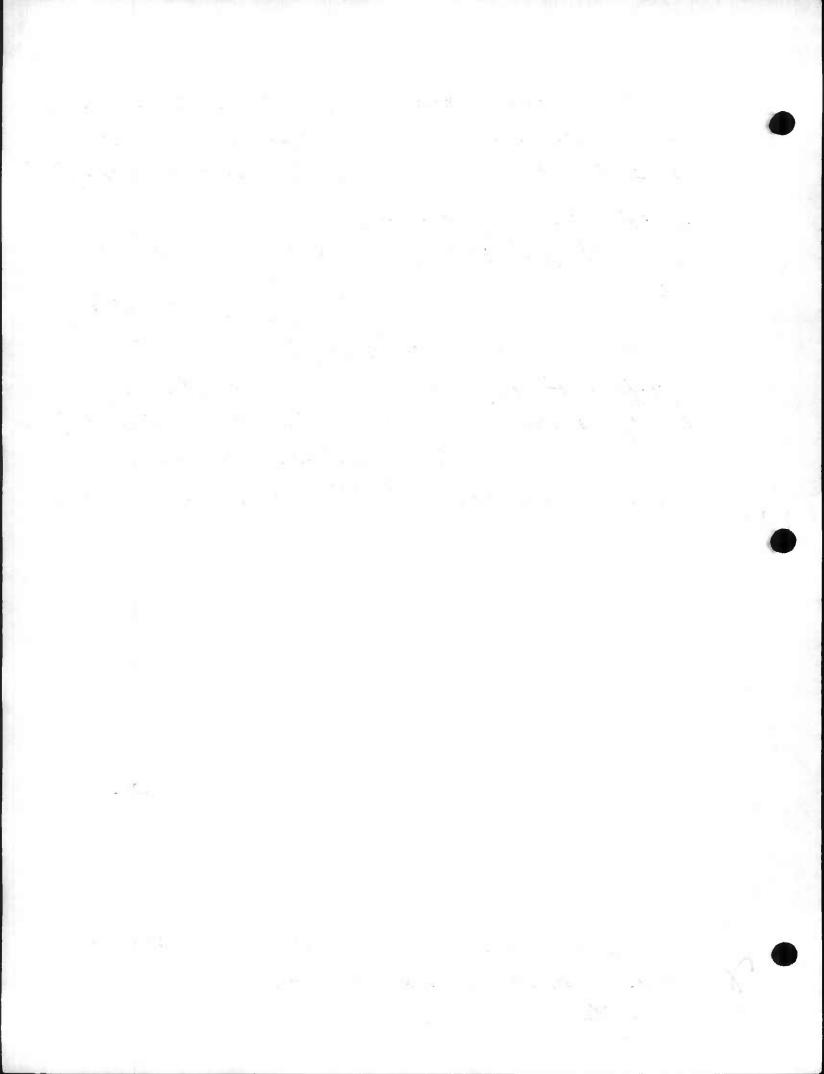
2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and dua to the cause(s) and menner steted. 29a. Cartifier 29b. Signatura and title of certifian 29c. Licensa number 29d. Date signed (Month, Day, Year) 89213 July 5, 1996

State Registrar 31. Date filed (Month, Day, Year)

Julia Savelson Panta

Muhammad Waseem, M.D. c/o Maryland General Hospital

30. Nama and addrass of person who complated causa of deeth (Itam 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** CHARLOTTE GOLDSTEIN JULY $\infty 50$ /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, giva streat and number) 4c. County of Death **Examiner** BALTIMORE CITY HOSPITAL BALTIMORE BALTIMORE OF if Under 24 Hrs. If Under 1 Year Months Days 8. Date of Birth (Month, Day, Year) APR. 18,1926 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 9. Birthplaca (Steta or Foreign **Funeral** 1□ M 2 F Days Hours MARYLAND 70 Director 213-28-7253 Usual Residence of Deceden with the Maryland 10a. Slate 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Mexical Examiner must be notified at MARYLAND

10e. Street and
6806 WE 1 Yas 2 No BALTIMORE BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6806 WESTRIDGE ROAD 21207 USA Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritai Stalus 14. Race - Amarican Indian, pemit. Pages 1 and 2 should be filed within 72 hours after of Depertment of Health and Mental Hyglene. Important: If Itam 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Examines, 2006. Black, White, elc. 1 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No þ Specify: 3X Widowed 4 □ Divorced WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER OWN HOME 17. Father's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Sumema) Be JNKNOWN MELLOT UNKNOWN 2 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Steta, Zip Code) MARTIN R. GOLDSTEIN (SON) 6806 WESTRIDGE RD. BALTO., MD 21207 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stata 1 Burial 2 □ Cremation 3 □ Removal from Slate MOSES MONTEFIORE -7-10-1996-BALTIMORE, MD 4 ☐ Donation 5 ☐ Othar (Specify) 22. Na Sold Address of Facility & Bros., Inc. 21. Signature of Funeral Sarvice Licensee Leumson 8900 Reisterstown Road Pikesville, MD 21208 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final SEPSIS SYNDROME 2 weeks disaasa or condition resulting in death) Examiner Due to (or as a consequence of): Examiner NEUTROPENIA physician end s the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In death) Last Due to (or as a consequence of): ANEMIA Records, P.O. Box 68760 Physician/Medical Due to (or as a consequence of): 88 attending p CHRONIC LEUKEMIA LYMPHOCYTIC 6 years Part II. Other significant conditions contributing to death but not resulting in the undarlying causa given in Part I. ed by the s 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown GASTROINTESTINAL BLEEDING ģ should 24b. Were autopsy findings available prior fo completion of cause of death? Completed 24a. Was an autopsy has 2 No 1 Tes 1 ☐ Yes 2 No

Division of Vital

Be

cai

State

Registrar

P Certification:

certificata funeral director, this Hospital or Attending I 24 hours after death. Funeral Director: After filled in by

25. Was case referred to medical examiner? 1 ☐ Yas 2 No 27. Manner of Death Natural

29b. Signature and title of certifier

29a. Certifier (Check only one)

5 Pending investigation 2 Accident 3 Suicide 4 Homlcide

6 Could not be determined

28a. Dale of Injury (Month, Dey Year)

28b. Tima of 28c. Injury at Work?

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 Mnpatient 2 ER/Outpatienf 3 DOA

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

28d. Describe how Injury occurred

15 Certifying Phyafcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29c. License number AS2402321 RS9948

BALTIMORE

1 ☐ Yes 2 ☐ No

26. Place of Death (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

MD

29d, Data signed (Month, Dev. Year)

21215-527

30. Name and add oss of person who completed cause of death (Item 23a) (Type, Print)

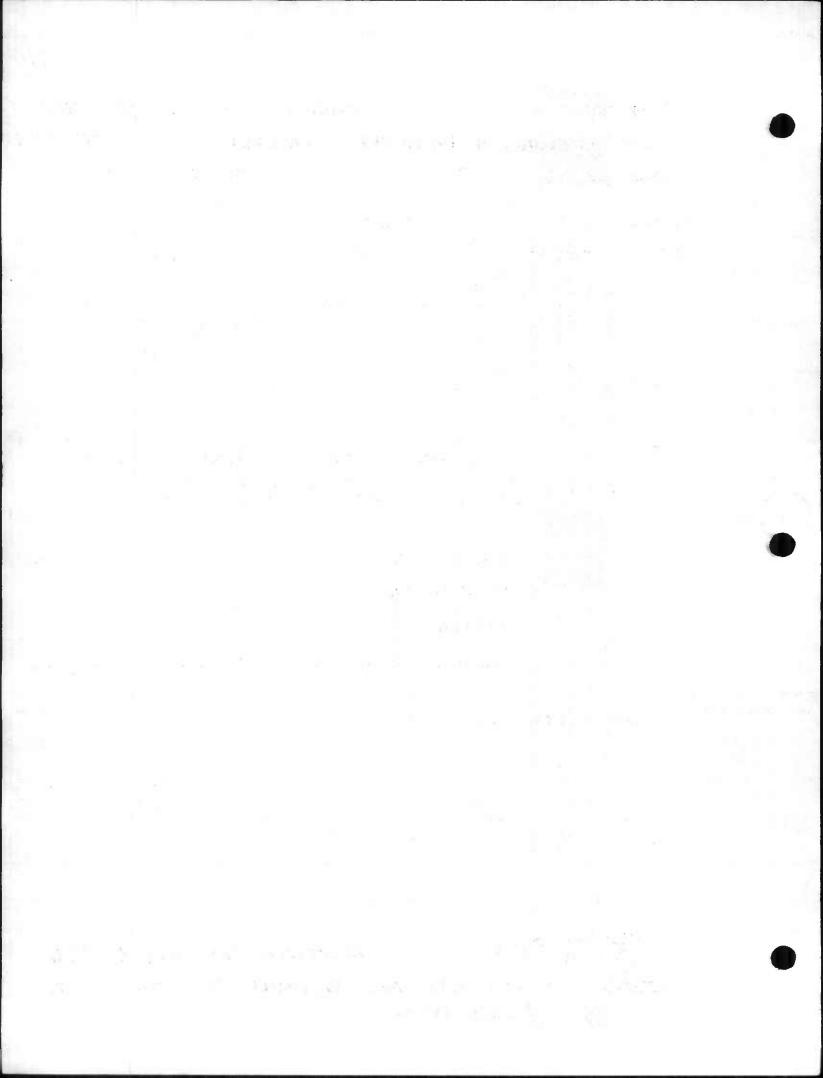
MD

Hospital:

2401 31. Date filed (Month, Dey, Year) JUL 11 1996

W. Belvedere AVE. 32. Begisfrar's Signature

To the Hosp within 24 ho To the Fune completely f



State of Maryland / Department of Health and Mental Hygiene

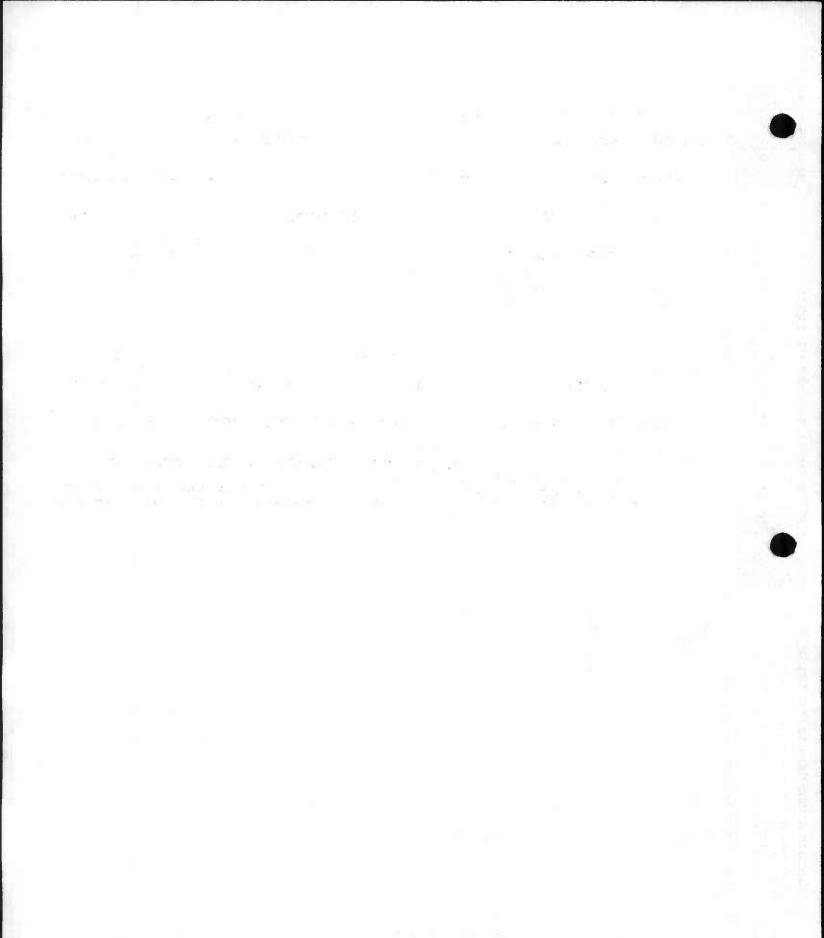
Certificate of Death

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			Cen	tificate of	Death		Reg. No.		
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xaminer	4 - 50 - 1814 - 6 5 666 6 7				4b. City, Town, o	r Location of Death		of Deeth	RE
neral ector	219 14-0000	Sex 7. Age (In yrs	(last birthday) 9 Yrs.	If Under 1 Year Months Deys			h v, Year)	9. Birthplace (
	Usual Residence of Decedent 10a. Stete 10b. County	10c. C	ity, Town or Loc	ation			/	/	side City Lim
a notified at	MARYLAND BI	ALTIMORE			MORE	CITY			Yes 2
Dire	10e. Street end Number			10f. Zip Code		_ /	10g. Citizen of V	Whet Country?	
rai	2431 CALL				212	17		ISA.	
the Medical Examiner must be notified at ompleted by Funeral Director		12. Was Decedent Ever in the Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give	lf.	/as Decedent of I Yes, specify Cub ☐ Yes 2, No		Specify Yes or No- rto Rican, etc.)		e - American Indok, White, etc.	
d by	3 Widowed 4 Divorced	Yeer or Detes:		200110	opecny.		Specify	BLAC	K
Completed	15. Decedent's E (Specify only highest gra	ducetion ade compieted)	(Give k	ent's Usual Occu ind of work done O NOT use retire	during most of w	orking	16b. Kind of Bu	usiness/Industry	
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To B	HERBERT	GILE			EDN.			NSON	/
	19e. Informent's Name/Reletionship (19b. Meiling	Address (Street	t end Number or F	Rural Route Numbe	r, City or Town,	Stete, Zip Code)
	HERBERT 20a. Method of Disposition	GILES	2431 Plece of Disposi	CALL ition (Nome of	OW AVE	E., BAL	TIHORE	MD.	
	1 Burial 2 ☐ Cremation 3 ☐	Domoval from Ctata							
	4 Donation 5 Other (Specifical Service Lices	(v) K1	NG MEI	MORIAL Y	PARK	7-12-96 OWN JI AVE. BI	WBODL	AWN, M	MRYL
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	22a Part Enter the disease or as		2	140 N.	FULTON	AVE. BI	4LTIMOR	E, MD. à	2/2/
	23a. Part1. Enter the disease, or con- shock, or heart feilure. List only	ipiicetions mai caused me dea	th. Do not enter	r the mode of dyl	ing, such as cardia	ac or respiratory ar	rest,	Appr	oximete vei Betweer et end Deat
n al	Immediate Ceuse (Finel							Olise	n brid bogg
er	disease or condition resulting in deeth)				+ wou	inds			
Je 🚾		Due to (or as e consequ	ence of):					
Examiner	Sequentially list conditions.	b. Due to (or es a conseque	ence of):					
dica	thet initiated events resulting in deeth) Last	Due to (c	or es a conseque	ence of):					
n/Medicai		d							
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Completed						1 🕅 Y	es 2 No	1 X Yes	2 No
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		28a. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Inju		28d. Describe h			
Certification:	2 Accident investigation 3 Suicide 6 Could not be	1-0 10			Yes 2 No	Deceden	t was	Shot	
E L	4 Homicide determined		ome, ferm, stree fy)	et, fectory, office		28f. Location (S City or Tow	treet end Numben, Stete)	er or Aurel Aout	e Number, ersteu
		Stree		-		Baltimer	e City	MD.	
	29a. Certifier 1 Certifying Ph	ysicien: To the best of my kno niner: On the basis of examine end manner steted.	owledge, deeth o stion end/or inve	occurred et the tire stigetion, in my o	me, date end plec opinion, death occ	e, end due to the o urred et the time, o	euse(s) end me late end place, e	nner es stated. end due to the c	ause(s)
	(Check only one) 2 Hedicat Exam								
Medical Ce		11/2		29c. Licens	se number	1 2	9d. Date signed	(Month, Dev. Y	(ear)
edical	29b. Signature end title of certifier	1600		29c. Licens	e number	2	9d. Date signed	3 (Month, Dey, Y	
edical	29b. Signature end title of certifier	Yhell	n 22o) /Tuna D	0.0		-			
edical	29b. Signature end title of certifier 30. Neme end eddress of person who	Yell completed cause of deeth (Iter		O.C	.M.E		JULY 8	3, 1996	6
edical	29b. Signature end title of certifier 30. Neme end eddress of person who	completed cause of deeth (Iter	1 Penn	0.C	.M.E		JULY 8	3, 1996	6

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Funera Directo		INDALE NURSING HO 5. Social Sacurity Number 6. 213–10–8552	ME Sex 1□M XXF	7. Aga (In yrs.	last birthday) Yrs.	If Under 1 Months I		BALTII f Under 24 H Hours Mi	rs. 8. Dete of Bir	th ey, Yeer) 2, 1911	9. Birthple Country	N/A ce (Steta or Foreign
		Usuel Residence of Decedent 10a. Stete 10b. County			ty, Town or Lo	ocation			AUG. 4	2, 1911	MARYI	d. Inside City Limits
th the Mar or 28e-f si	Director	MD N 10e. Street and Number	/A			BAI 10f. Zip C	TIMO	ORE		10g. Citizen of	Whet Country	XX Yas 2 □ No y?
Q Z1Z13-UUZU filled within 72 hours effer death with the Maryland hygiene. ther than "natural", or itema 23a or 28a-f show wit, tre Mexical Expansion.	by Funeral C	5132 WOOLVERTON 11. Marital Stetus 1 □ Nevar Married 2 □ Married 3 ☒ Midowed 4 □ Divorced	1	2 XX0	,	Was Daceder If Yas, specify 1☐ Yes 2页	t of Hispi Cuban, I	L215 anic Origin? Mexicen, Pue	(Specify Yes or No erto Ricen, atc.)	U.S.A 14. Rac Ble Specify	ce - Amaricar ck, White, at	c.
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Te, Marylis 1 and 2 should Health end Mer em 27 la marke		19a. Informent's Neme/Reletionship HOWARD HETTLEMAN				ng Address (S RIDGE			BALTIM		Stete, Zip C 21206	_ *
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box 500 (000) leath certificate be executed Exam attending physician end I for use as the buriel-trensit	dical Examiner	tmmediata Cause (Finel disaase or condition resulting in death) Sequentially list conditions, if any, leeding to immediata cause. Enter Underfug Ceuse (Disease or injury that initiated avents rasulting in death) Last	(GLIC	Dua to (c) BLAS Dua to (c) CIENTA	or es e conseq	quence of): Minumance of):			HE BA		((Onset and Death Onset and Death
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St Regist	ate rar	31. Dete tiled (Month, Dey, Yeer)		legistrer's Signe								



State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedent'a Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month. HURT VIVIAM 1996 855 July 3rd /Medical 4b. City, Town, or Location of Death 4a. Facility Nema (If not institution, giva street end number) 4c. County of Deeth Examiner Laurel Regional Hospital Laurel Prince George's | If Undar 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) | June 25, 1 5. Social Sacurity Number Birthplece (State or Foreign Country) 7. Aga (In yrs. last birthday) **Funeral** 1 M 2 1 F Yrs. 1920 Illinois 329-12-5786 Director 76 Usual Rasidance of Decedant Pages 1 and 2 should be filled within 72 hours after death with the Maryland ment of Health and Mental Hygiene.
The first 27 is marked other than "netural", or items 23s or 28s-f show may or other transmitter and the modified at my or other transmitter overly, the Medical Engineer may be notified at 10a Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Modical Experient must be notified at 1 ☐ Yas 2 ☑ No Director Maryland Anne Arundel Jessup 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 7810 Clark road-Unit A11 U.S.A. 20794 Funeral 12. Was Decedent Ever In U.S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puerto Rican, atc.) 14. Rece - American Indian, Biack, Whita, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: by Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Collaga (1-4or 5+) Elemantary/Secondary (0-12) 8th Nutritionist Hospital 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be John Samuel Hurt Cecilia Yancey 19a. Informent's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Code) Paula Homann/Daughter 7810 Clark Road-Unit All-Jessup, Maryland 20794 20b. Plece of Disposition (Nama of cemetary, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 ☐ Burlal 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 Donation 5 Other (Specify) 21. Signature of Funeral Service Ligensee 22. Name end Addrass of Facility State Anatomy Board-655 W. Baltimore Street oseph B. VanSant Baltimore, Maryland 21201-1559 Baltimore, Maryland 21201-1

23a. Part. Enter the disease, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximeta Intarval Batween Onset and Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical 5 UDD EN and I-tranait Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): physician a s the burialthat the death certificate be exe Cerebra Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown à 24b. Wara autopsy findings available prior to completion of causa of deeth? 24a. Was an eutopsy performed? 1 🗆 Yas 2 2 No 1 Yas 20-No certificate Hospital or Attending Physician:
 24 hours after death.
 Furneral Director: After this certific 25. Was case referred to medical examiner?
1 ☐ Yes 2 ☐ No 26. Placa of Daath (Check only ona) Other: 4 Nursing Home 5 Rasidence 6 Othar (Specify) 2 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) 27. Mannar of Death 28d. Dascribe how injury occurred Certification: 28b. Time of 28c. Injury at Work? 5 Pending Invastigation 1 Anatural 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not ba 3 C Sulcide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 C Homicide 29a. Cartifian 12 cartifying Phyaician: To tha bast of my knowladga, daath occurred at tha tima, date and piece, and dua to the causa(s) end mannar as stated. Medical (Check only 2 Medical Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Within 2 To the 29b. Signatura and titla of certifiar 29c. Licensa number 29d. Data signed (Month, Day, Year) D2899X 30. Name and addrass of person who completed cause of daeth (Itam 23a) (Type, Print) 9/0 / Clarry Cr # 2/1
RITM - FAIH MD Lawer MD 207 31. Data filad (Month, Day, Yeer) Progistrarie Signature State Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96 20531

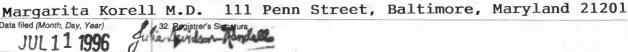
29d. Data signed (Month, Day, Year) JULY 03,1996

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Physicia /Modic		BESSIE			HODGE	3		Month JULY	03 1	996 8	:05 AM
/Medic Examin		4a. Facility Nama (If not institution, gi	va street end number)				4b. City, Town, or		4c. County		. 03 A
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					If Undar 1	Veer	If Undar 24 Hrs		×		
Funeral			1 M 2 K F / Aga	(In yrs. last birthda	Months	Days	Hours Min.	8. Data of Birth Month, Day,	Year)	9. Birthplace (S Country) MARY L	tata or Foraig
irector		211-21-174		96 113				OCT; 11,	1424	MARYL	AND
*		Usuel Rasidanca of Decedant 10a. Stata 10b. County		10c. City, Town or	Location					/	
at', or items 23s or 28s-1 show Examiner must be notified at	_			loc. City, Town of	•	_		_			ide City Llmits
14	S	MARYLAND BAL	TIMORE		BAL	11	MORE	CIT		W.	Yas 2□No
or 2	Director	10e. Street and Number			10f. Zip C	oda		1/6	g. Citizen of	What Country?	
202	<u>a</u>	1701 EUTAW 1	PLACE AP	T#123			2/2/	7	45	0	
8	Funeral	11. Marital Status	12. Was Decedent E	var in U,S. 1	3. Was Deceder	nt of H	lispanic Origin? (S an, Mexican, Puan	pecify Yas or No-		ee - Amarican Ind	an,
룆	2	1 ☐ Nevar Marriad 2 Married	Armed Forcas?				an, Mexican, Puan	o Rican, atc.)	Bla	ck, Whita, atc.	
	þ	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva Year or Datas:		1 ☐ Yas 2	No	Spacify:		Specif	BLAC	K
ocal Ex	귯		1	40a Da			- 41				
5	Completed	15. Dacedant's E (Specify only highast gr	ada completed)	(Gi	cedent's Usual (va kind of work	dona	during most of wor	rking	6b. Kind of B	usinass/Industry	
3	6	Elamantary/Secondary (0-12)	College (1-4or 5+)	. DO NOT usa		*			44	. 1
t B	3	10 Th Grande			EAMS	57/	RESS	7	KIANO	SLE MF	G. C 8
	Be	17. Fathar's Nama (First, Middla, Last					18. Mother's Nar	na (First, Middle, M	aiden Suman	na)	
	2	JOHN H	. Ho	LMES			ALICA	C E.	WK	+,TE	
traumatic		19a. Informant's Name/Ralationship			iling Addrass (S	Straat		ıral Routa Number,			
tra		1.2 ALTER IT	HODGE								
6		20a. Method of Disposition	HODGE	20b. Placa of Dis	position (Nama	of	TW FLAC	E, BALTI	no Location	City of Town St	2/1
6		1 Burial 2 □ Crametion 3 □	Removel from Stata	cernetery, c	ramatory or othe	er piac	(9)				
E P	- 1	4□Donetion 5 □Othar (Spaci	fy)	WESTE	RN ST	TAR	CEME	7-6-96	CATON	LSVILLE,	MO.
D A		21. Separate of Funeral Service Lice	nsaa		22. Name and	Addre	ss of Facility	at land	FILAL	CRAI 4	NME
E 8 8	- 1	100	01/06	1	10551	H	H, YOKG	WNJR. AVE.	2 1-1-31	LARE MA	41210
	-	23a. Partt, Eyyr tha disaase, or com	Indications that caused the	ne deeth. Do not s	×1901	of chair	FULTON	AVE.	HEIST	OKE, IID.	2/2//
	Ų	shoot op haart failura. List only	ona causa on each line		intor the mode t	or dyn	ig, soor as cardiac	or raspiratory arras) L,	Intarv	ximata el Batween and Deeth
cian dical		Immediata Ceusa (Final) Orise	and Deetin
iner		disease or condition resulting in daath)	CANCER	OF THE	ESOPHA	AGU	JS			1	
	_	rosulting in death)	D	ua to (or as a cons	equanca of):			7			
# .	Examiner										
s the buriel-trensit	E	Sequentially list conditions	D	ua to (or es e cons	aquence of):					3	۲.
je l	Ä	Sequantially list conditions, if any, laading to Immadiate causa. Entar Undarlying Cause (Diseasa or Injury that Inlitiated events									76-
9	लु	Cause (Diseasa or Injury	C								
s :	Medical	rasulting in daath) Lest	Di	ue to (or es a cons	equence of):						
9 9			d								
n Jo	a										
ber .	Physician	Part II. Other algnificant conditions of	contributing to daath but	not rasulting In tha	undarlying cau	sa giv	en in Pert I.	23b. Did tob	acco use co	ntribute to the co	uae of death
deteched for use es	٤I							1 Tyes	2 □ No	3 Probably	4 Unknow
ep eq	2										
								24a. Was an	autopsy	24b. Ware aut	ppsy findings
should	ĕ							performa	ad?	evallabla complatio	n of cause
9 5	립							inspec	400	of death?	
page	Completed							1 ☐ Yas	2 X No	1 ☐ Yas	2□ No
rector, pag	e a	25. Was casa rafarred to medical					26. Place of Dea	th (Check only ona))		
75	0	examinar? 1∕⊆ Yas 2 No	Hospital:	2K ER/Outpeti	ent 3 DOA	Oth	ar	oma 5 Rasidan		at (Specify)	
- F	=	27. Mannar of Death	28e. Data of Injury	28b. Time		: Injun		28d. Dascribe how			
funer	Certification:	17 Natural 5 Panding Investigation	(Month, Day 1	(ear) Injury	М		k? Yes 2 □ No				
the	20	3 ☐ Sulcida 6 ☐ Could not b	θ	At how - for			20110	204 Leaction (0)	adamal block	ar ar Durant Day 1	444
filled in by the		4 ☐ Homicide datarmined	28a. Placa of Injury building, etc.	(Spacify)	streat, factory, o	OTICA		28f. Location (Stra City or Town,		er or Hurai Houte	rvumber,
8	3										
2 2	700	29a. Certifiar 1 Certifying Ph	unfalor. To the boot of	and the state of				and due to tha cau			

State Registrar 31. Data filed (Month, Day, Year) JUL 1 1 1996

and titla of certifier

29b. Signa



30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print)

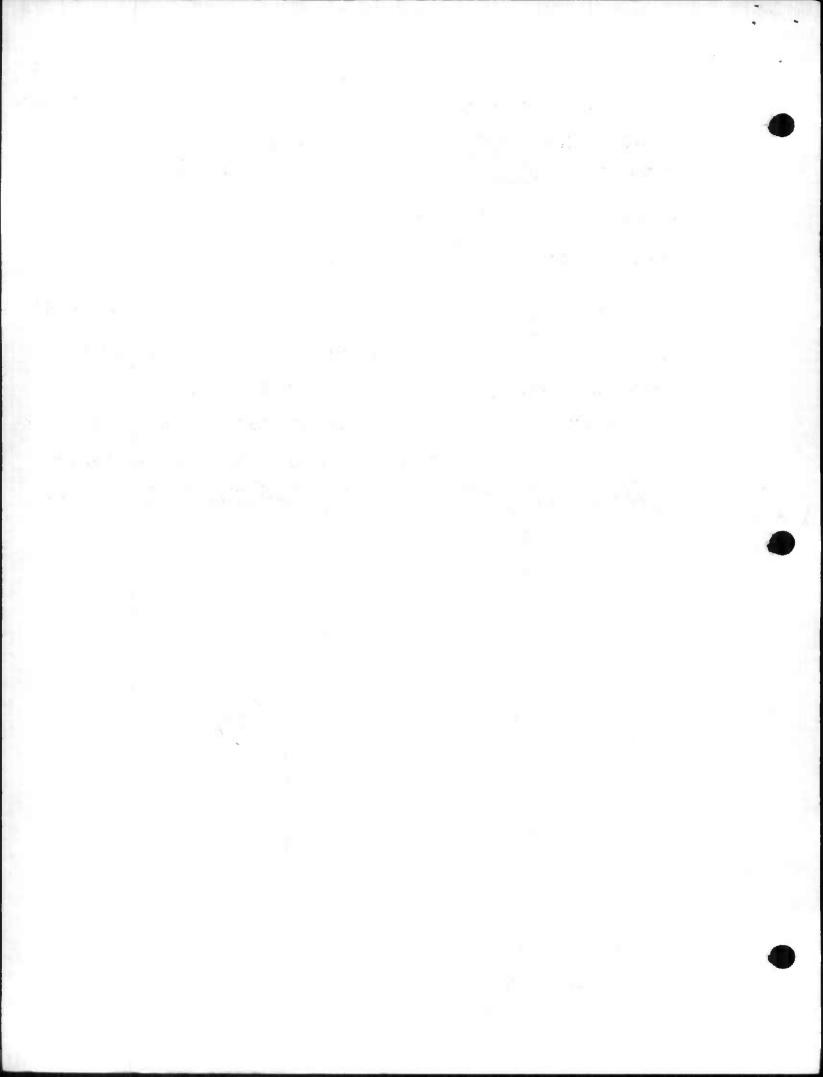
29c. Licansa number

O.C.M.E.

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State of Maryland / Department of Health and Mental Hygiene 96 20532

							Ce	rtificate (of D	eath		Reg. No.		40005
	Physic	an	1. Decedent'a Name (First	Middla, La		0/06	Ha	rvis			2. Date of I	Day	Year	3. Time of Death
1	/Medi Exami		4a. Facility Name (If not In:	stitution, glv			7 (4	, ,,,	4b	. City, Town, or	June Location of De		96 ity of Death) ()!.!
	Exami	101	MERCY HO	SPITAL						BALTIMO	DRE			
	Funeral		5. Social Security Number	6. 5	ax Mar 2□ F		yrs. last birthday) Yrs.		ear ays	If Under 24 Hrs Hours Min	(Month, I	Dav. Year)	9. Birth	place (Stete or Foreign
	Director		220-64-8154 Usual Residence of Deced		χ	43	Yrs.				7/3/	1952	BAL	TIMORE, MD.
	aryland show			County		100	. City, Town or Le	ocation						10d. inside City Limits
	the Mar 28a-f st	ctor	MARYLAND				BALTIMO	RE						Yes 2 No
	or 2	Dire	10e. Street and Number					10f. Zip Coo				10g. Citizen o	f What Cou	intry?
	death with the Maryland ma 23a or 28a-f show r. mat be notified at	Funeral Director	1014 POPLAR 11. Marital Status	GROVI	STREE		in II S 12	2121		nania Origina /5	Posity Vac or I	USA	aca - Amar	ricen Indian.
0		Fun	1 Nevar Married 2	Married	Armed F 1 ☐ Yas	orces? 2 ☐ No				panic Origin? (5 , Mexican, Puar	to Rican, atc.)		ack, White	, atc.
5-0020	hours efter ural', or its	by	3 ☐ Widowed 4 🕅 Di	orced/	If Yes, G Year or I	iva		1□Yes 2□	(No	Specify:		Spec	ARF	O. AMERICAN
15-0	natu rustu	Completed	15. De (Specify only	cedent's Ed highest gra	lucation de completed,)	18a. Dece (Give	dent's Usual Oc kind of work de	ccupat one du	ion uring most of wo	rking	16b. Kind of		
2121	withir ane. than	ompl	Elementary/Secondary (0-12)	Collega	(1-4or 5+)		ER PRIC				FOOD,	COMP	ΔΝΥ
	be filed tel Hygi d other event, I	Be Co	17. Fathar's Name (First, A	liddle, Last,			301	LN INIU	-	18. Mothar'a Na	ma (First, Midd	la, Maiden Sume		NIVI
/lar		ToB	JAMES E.	HAI	RRIS					JANNIE	HAR	RIS		
Maryland	d 2 should th end Mer 7 is marke traumatic		19a. informant'a Name/Ra	lationship (Type, Print)		19b. Maili	ng Address (St	reet er	nd Number or R	ural Route Nun	ber, City or Tow	n, Stata, Z	ip Code)
	Heeith tem 27 other to		JANNIE HAR 20a. Method of Disposition	RIS		20	1014 b. Place of Dispo			ROVE ST	REET, B.	ALTIMORE 20c. Location		RYLAND 2121
nor	eges int of little it. If ite		1 X Burial 2 □ Crem				cemetery, cre	metory or other	place,			-		
altimore	ortan		4 ☐ Donation 5 ☐ Of 21. Signature of Funeral S				ARBUTUS				7/6/96			ARYLAND
(B)	AST S		Llo	DE	1 0	AIN						OME, P.A.		RE)21217
u.	1500	П	23a. Part1. Entar the dipe	asa, or com	plications that	ceused that							. 1 11101	Approximete Interval Between
	Physician													Onset and Death
٦	/Medical Examiner		Immediata Cause (Final disease or condition resulting in death)		a. 50	ubd	ural	her	~	erton	la.			
		ē				eps.	to (or as a conse	quence of):						1 1.14
	cuted	Examiner	Sequentially list conditions		b	Due	to (or as a conse	quence of):					1	100.
60,	icate be executed physician and s the buriel-transit		Sequentially list conditions if any, leeding to immadiat ceuse. Enter Underlying Cause (Disease or Injury	a	· M	ulti	hle	infee	fe	da	cun	ds	5	;everal
68760	entificate be ding physicia se es the bur	/Medical	that initiated events resulting in death) Last	1	00	Due t	to (or as a consect	quance of):	0					merch
×	0 2 2				d	isu	e d	isor	de				15	soverof h.
. Bo	0 0 %	Physician	Part II. Other significant c	onditions o	ontributing to d	leath but not	resulting in the u	nderlying cause	e giver	n in Part I.	23b. Di	d tobacco use o	i	to the cause of death?
P.0	of the by th	Phys										Yes 2 No		obably 4 Unknow
	requires thet the dec seen signed by the er hould be deteched for	by										***************************************		
Records,	per nod	Completed									24a. Wa	is an autopsy formed?	8	Vere autopsy findings vailable prior to completion of cause of death?
Rec	8 8 8	du												
ta	ilcian: The certificata rector, pag	Be Co	25. Was case referred to n	edicai						26. Place of De		Yes 2 (No	1	Yes 2 No
of Vital	Physician: this certific	To B	examinar? 1⊠ Yes 2□ No		Hospital:	Inpatient	2 ☐ ER/Outpatie	nt 3D DOA	Other			sidance 6 🗆 O	ther (Spec	eify)
no	ding Physician: The Is h. Affer this certificata he funeral director, page		27. Manner of Death	Pending	28a. Date (Mor	of injury oth, Day Yea	28b. Tima o	f 28c.	injury a Work?		1	e how Injury occ		
slo	Attending or death. octor: After by the fune	cat	2 Accident	nvestigation Could not be						es 2 No	00/ 1	70.		
Division	efter of All	Certification:		determined	28a. Place	e of Injury - / ling, etc. (Sp	At home, farm, st ecity)	reet, factory, off	fice		City or 7	(Street end Nur own, State)	nber or Hu	rel Route Number,
	To the Hospital or Attend within 24 hours effer death To the Funeral Director: completely filled in by the		29a. Certifier 12 Ce	rtifying Ph	ysician: To the	a best of my	knowledge, deat	n occurred at th	ne time	, data and place	e, and dua to th	a cause(s) and r	nanner as	stated.
	in 24 I he Fu pleter	edical	(Check only 2 Me	dical Exan	niner: On the b	easis of examiner stated.	nination and/or In	vestigation, in n	my opli	nion, death occi	urred at the time	e, date and place	a, and dua	to the causa(s)
	To t To t	Σ	29b. Signatura and title of	ertifiar	, ,			29c. Lld		_		29d. Data sign		, Day, Year)
	1		ran	cer	Ma	w	D	2	54	974.		7.1.	70.	
	5		30. Nama and addrass of p	erson who	completed cau	se of death	(Item 23a) (Type,	Print)	06	unib	Ta, M	D21	04	5
	Sta	te	31. Date filed (Month, Dey,	Year)	lia Lands	Registing S	ignature	, - /						
	Registr		JUL 1 1 1996	du	na kiruyds	an-Naul								



1	-	STATE REGISTRAR

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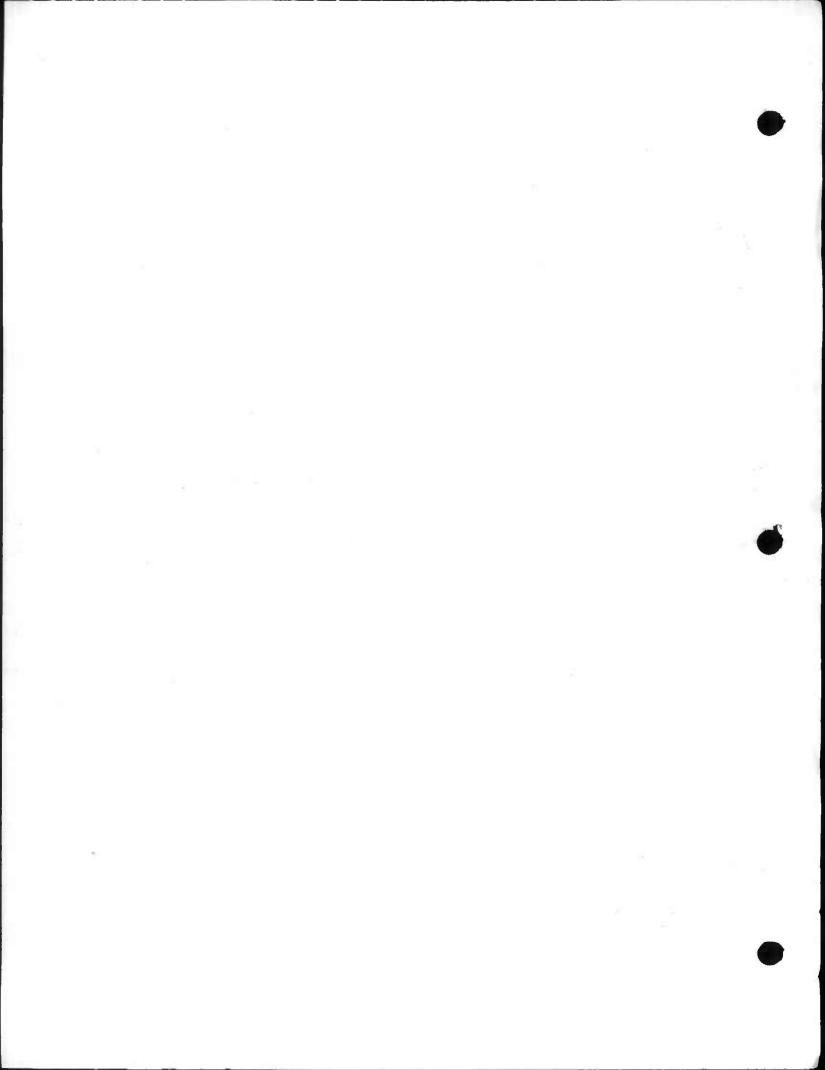
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

	1 - STATE REGISTRAR	0	CERTIF	ICATE OF		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	-		3. TIME OF DEATH
	Mattie M.	Jennings					996	YEAR	2255 PM
	4. SOCIAL SECURITY NUMBER 5. S		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	412-32-4178	M 2 X F	88 yrs.	MONTHS DAYS	HOURS MIN.	JAN: 01,190	08	Country	
_	9e. FACILITY NAME (If not institution, give street as	nd number)		9b. CITY, TOWN	OR LOCATION OF DI	ATH	9c. COU	Alab	
8	John Deaton Nursing	Home		Balti	more			N/A	
DIRECTOR	RESIDENCE OF DECEDENT								
쀭	10e. STATE 10b. COUNTY			Y, TOWN OR LOCA					10d. INSIDE CITY LIMITS?
	Maryland N/A			altimore					1 X YES 2 NO
⊼	10s. STREET AND NUMBER			10	1. ZIP CODE				HAT COUNTRY?
FUNERAL	5011 Midwood Avenue				21212		Unit	ed S	tates
2	11. MARITAL STATUS 1 Never Married 2 Merried	MAS DECEDENT EVER FORCES? 1 \(\text{YE}\)	R IN U.S. ARMED S 2 12 NO			IIC ORIGIN? (Specify Yes	or No-	14. RACE Black	- American Indian, White, etc.
à	3 X Widowed 4 Divorced	F YES, GIVE WAR OR	DATES		2 ND Specifi			Specify	y:
- 1	15. DECEDENT'S EDUCATION	ч	THE DECEDENTION	USUAL OCCUPATI					Black
	(Specify only highest grade compli	eted)	(Give kind of	work done during me	ost of working	16b. KIND OF BUS	SINESS/INC	DUSTRY	
Z	Elementary/Secondary (0-12) Coll 12th	lege (1-4 or 5+)		etary		vari	ious	tr	ades
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16 MOTHER'S NA	ME (First, Middle, Maiden	Cumanal		
Č	ALEX WILSON				unkno		Surnemej		
00	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural i	Route Number, City or Tow	n State 7in	Code	
입	Wilma Adams					Baltimore,			70
	20a. METHOD OF DISPOSITION	2	0b. PLACE AND DATE	OF DISPOSITION (N	ame of	DATE 20c. LO	CATION —	City or Tow	rn. State
	1 Gremation 3 Removal fr 4 Donation 6 Other (Specify)		emetery, cremetory or o Druid Rid	ther plece) ae Cemet	erv		cesvi		
	21. SIGNATURE OF FUNERAL SERVICE LICENSE			22. NAME A	ND ADDRESS OF FA	CILITY			
	Nanth	K. In	100	March	Funeral	Home Avenue, Ba	1+imc	200	MD 21202
-	23. PART I. Enter the diseases, or compl	leations that cause	Colores Colores						
-	snock, or neert fellure. List of	nly one ceuse on	eech line.	1		ir all cardiec or reepi	retory arr	eet,	Approximate intervel Between
- 1	IMMEDIATE CAUSE (Final disease or condition	Acren	-11	NEUMO	11-				Onset and Death
H	resulting in death)	DUE TO COR AS	A CONSEQUENCE O		11112				1-2 1275
,		50E 10 (011 A	A CONSCOUENCE O	r);					i
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):					
3	cause. Enter UNDERLYING								
Ĭ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):					
CERTIFICATION	resulting in death) LAST								
2	PART II. Other aignificent conditions con	tributing to deeth	but not resulting	In the underlyin	n cause alven la	Part I. 24a, WAS AN	MINADAN	Lan	
3	HYPERTENSION	850 1PH	ERAC VI	4501110	1)/C	PERFOR	MED?		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
3 1	,	100111		Jeven	1- 1/3-	1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?
SICIAN: ME	DID TOPACCO LISE CONTRIBUT	TE TO CAUCE	OF DEATH V	C E NO E					1 TYES 2 NO
Z I	DID TOBACCO USE CONTRIBU 25. WAS CASE REFERRED TO MEDICAL	IE IO CAUSE	26. PLACE OF DEAT		UNCERTAIN	<u> </u>			
፯	EXAMINER? HOS	SPITAL:		OTHER:					
		Inpetient 2 - ER/O			URY AT				
2	1 Netural 5 Pending	(Month, Day, Year		URY WO	PRK?	26d. DEŞCRIBE HOW II	NJURY OCC	CURED	
6	2 Accident Investigation 3 Suicide & Could not be	28e, PLACE OF INJU	RY At home, farm, :			281. LOCATION (Street a	and Mumbus	as Dural Da	to the man or
3	4 Homicide determined	building, etc. (S)	pecify)	arrest, rectory, orne	·	City or Town, State)	ing Number	or Huniii Ho	uta Number,
9	29e, CERTIFIER							-	
Ē	CERTIFYING PHYSICIAN:	To the best of my kno	wiedge, death occurn	ed at the time, data	end place, end due	to the cause(e) end man	iner as state	ed.	
3	MEDICAL EXAMINER: On	THE DESIGN OF EXAMINITIES	ion and/or investigatio	n, in my opinion, c	eath occured at the	fime, data and place, an	d due to th	e ceuse(e)	and manner ae stated.
4	296. SIGNATURE AND TITLE OF CERTIFIER	00.	\circ		29c. LICENSE NUM	IBER	29d. DATE	E SIGNED (Month, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WHO COM		~/		N311	26	JU	LY 8	1996
	30. NAME AND ADDRESS OF PERSON WHO COM	ALE IN	PEATH (ITEM 27) (Type,	Print) C. L. A. A.	ICC T	BALTIM		- 41	2 3 (3 3
	31. DATE FILED (Month, Day, Year)	32. MEGISTRAR'S SIE	NATION .		2000	· JUTETIA	YOKE	14	1 6/150
	JUL 1 1 1996	140001-1	andell			,		,	

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hearth. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transpectation within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMDI ETED BY BUYSICIAN. MEDICAL

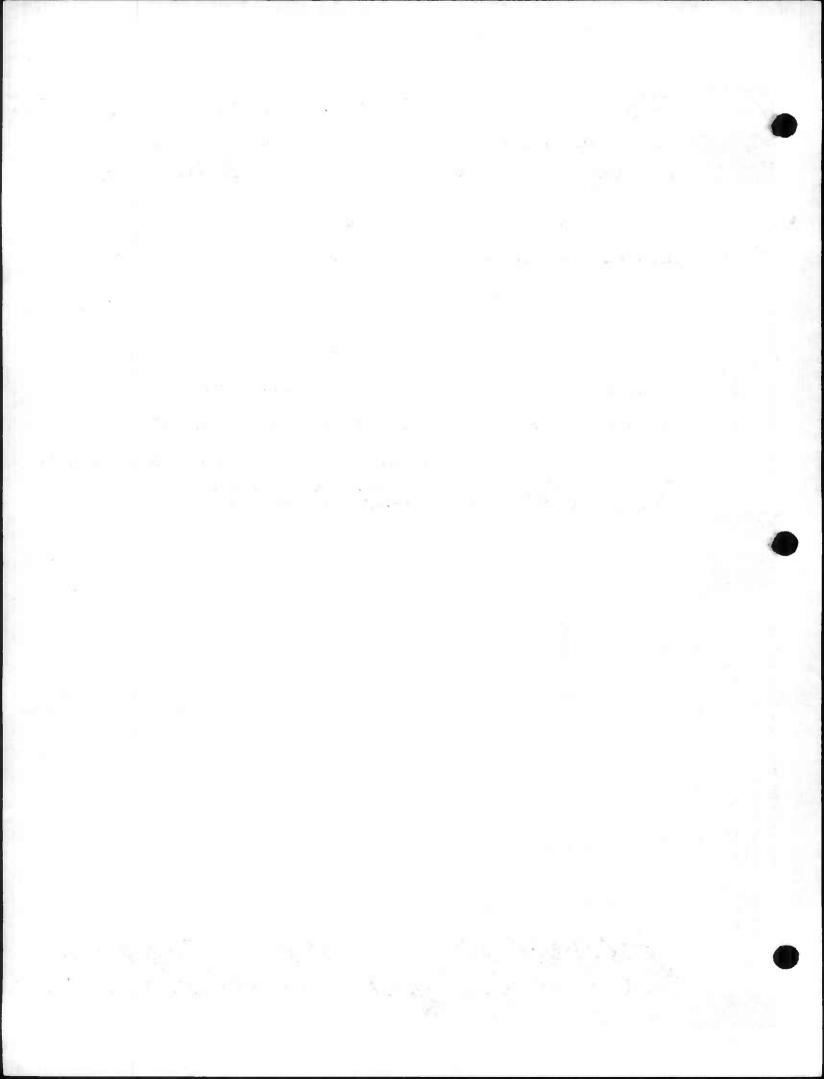


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

20534

							C	ertitic	ate of	Deatr	7		Reg. No.			
)huaiai		1. Decedant's Nem	e (First, Middle	a, Last)				1			2. Date of Do	eeth Day	Year	3. Time of Death	
	hysici Medio/		0615				· ·	101	nse	on	Sn	July	17	1996	9:57 pm	
)" E	Examir		4e. Facility Neme (f.	f not institution	n, giva street and n	umber)				4b. City, T	own, or L	ocation of Deal	th 4c. Cou	nty of Daath		
		ш	Good Sar	naritan	Hospita	1				Balti	imore		No	None		
Fu	Funeral Director		5. Sociel Security N	lumber			rs. lest birthday) If Under 1 Year If Under 24 H Months Days Hours M			r 24 Hrs. Min.	8. Date of Bi (Month, Di 01-19	rth av. Year) 9. Bir		pleca (Stata or Foreign ntry) yland		
Di			218-10-50	1⊠M 2□F	82	Yrs.	Yrs.				01-19	14 Maryland		yland		
- P			Usual Rasidance of Dacedent 10a. State 10b. County 10c. C					City, Town or Location						10d. Insida City Limits		
7	e pa	5										1 ☑ Yas 2 ☐ No				
(E	a or 28a-	Director	Md .	Non	ie			Baltimore 10f. Zip Coda					10a Chinas	-4 14 fb - 4 Co	**	
1		ă						21206					10g. Citizen		ntry	
- FEB	must.	era	5505 Bowleys Lane Apt. 2A										0= 14.F	USA Reca - Ameri	can Indian	
the c	0 5 2	Funeral	Armed Forcas?					It Yes, specify Cuban, Maxican, Puerto Ric					tc.) Black, Whita, atc.			
020	ar, or	by	3 ☑ Widowed 4 ☐ Divorced It Yas, Giva Yaar or Datas:					1 ☐ Yas 2 🖾 No Specify:						cify: B1	ack	
Maryland 21215-0020 d 2 should be fised within 72 hours after th and Mental Hyglene.	ical.	Completed	15. Decedant's Education					16a. Decedent's Usual Occupation						18b. Kind of Businass/Industry		
24 %	than "	pie	(Specify only highast grada complated) Elemantary/Secondary (0-12) College (1-4or 5+)					16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired)								
d 21	d other than event, the h	Con	11					Printer					Unknown			
D 22	de la	Be	17. Father's Nama ((First, Middla,							ne (First, Middla, Maldan Surname)					
larylan 2 should be and Mental	arkae aric e	Tol	Unknown					Mable					Sharp			
lar and	ownit. Pages 1 and 2 should be fised Department of Health and Mertal Hygi important: if Item 27 is marked other trry finary or other traumatic event, it ands.		19e. Intorment's Na	me/Ralations	hlp (Type, Print)		19b. Ma	illing Addr	ass (Street	and Numb	ber or Rur	al Routa Numb	oer, City or Tox	wn, Stata, Zi	c Code)	
and and			Kevin Johnson / Son					7217 N. Alter St. Balt				o., Md. 21207				
0 t H 10	or off		20a. Mathod of Disp		3 □Ramoval from	Ramoval from State		Place of Disposition (Nema of cematary, crematory or othar place)			1	Data	20c. Location - City or Town, Steta		own, Steta	
F Page	nit. Pag artment ortant: I injury o		1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donetion 5 ☐ Othar (Specify)										6 Landsdowne, Maryland			
Baltimore,	mpor any in		21. Signetura of Funaral Sarvice Licensae 22. Nama end Addrass of Fecility The Derrick C. Jones Funeral Home													
w a.c.	E e o		4611 Park Heights Ave.													
10			23a. Part1. Enter tha disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiretory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between													
Phys	ician				0	~	1.			,	^	.0		1	Onset and Deeth	
	dical i niner		tmmediata Causa (disease or condition	Finel n	(0)	NAPS	tive		14an	1/-	19	181114	2	1	Muss.	
EXA	mer	10	resulting In daath)		6	Dye	to (or as a con-	sequenca	St.	//	Jus	,,		1	my !	
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90,	clan	E	causa. Entar Unda Cause (Disaesa or	rlyIng	G											
X 68760, certificata be executed	physician and s the bunal-transit	//Medical	Sequentially list conditions, if any, leeding to immadiate cause. Entar Undarfying Cause (Disaesa or injury that initiated evants rasulting in daath) Last Due to (or es e consequence of):									1				
X 6	ding p	Me			d									į	N	
	for u															
P.O.	The law requires that the death of the sten signed by the atten page 2 should be detached for upon	Physician	Part II. Other signifi	t rasulting in the	underlyin	g causa giv	an In Part	l.		23b. Did tobacco use contribute to the cause of death?						
О # :													1 Yes 2 No 3 Probably 4 Unknown			
rds	ng pi	d by											24a. Was an autopsy		24b. Ware eutopsy tindings	
Division of Vital Records, or Attending Physician: The law requires the affer death.	should	Completed							performed?		a) Co	availeble prior to complation of causa of daath?				
B è	ate has page 2	dE.														
E :	certificate	S	OE Manage when the state										Yes PNO	1	☐ Yas 2☐ No	
icia C		Be	examiner? Hospital:									eath (Check only ona)				
Phys S	Ē =	- L	1 Yes 27. Mangar of Death		10		2 ER/Outpat		DUA	4 50 N	lursing Ho	ma 5 ☐ Ras			(y)	
Vision of Vita	fune	Certification:	1 SNatural	5 Panding	ng (Month, Day Year) Injury Work?						28d. Dascribe how injury occurred					
isio Vitendi death.	in by the	fica f	2 ☐ Accident 3 ☐ Suicida	6 ☐ Could n	not be	be co- Dis of the state of th				streat, factory, office 28f. Location			28f. Location (Street and Number or Rural Routa Number, City or Town, Stete)			
Div A affer	dip	F	4 Homlcida	determi												
Hospital 24 hours	ille ille	a C	29a. Cartifiar	1 Certifying	g Physician: To the	e best ot my	knowledga, da	ath occurr	ed at tha tin	ne, dete a	nd piece.	and dua to the	causa(s) and	manner as	stated.	
# Ho	To the Hospital or within 24 hours after To the Funeral Dir completaly filled in	edicai	(Check only one)	2 Medicat E	Examiner: On tha t	pasis of axan	nination and/or	invastiget	on, in my o	plnion, da	ath occur	red et tha time,	date end plac	a, and dua t	o the cause(s)	
To th withir		ž	295. Signature and title of certifies 29c. License number POXROG									29d. Data signed (Month, Day, Year)				
										8809			July 2, 1996			
0		-	30. Name and addra	ass of person v	who completed can	se of death	(Item 23a) (Typ	e, Print)	1)	00		/	17.		110	
1			Jack	Obo	11/1/	200	Sall	nar	han	140	Spik	all 19	alhi	non	191)212:	
	Sta	te	31. Data filed (Mont	h, Day, Yaar)	80. 10.	agistra 3	7	1		1100	100/0	10	1111	1	and with	
R	legistra	ar	JUL 11	1996	guna pain	May-Ma	Shrines.	*								



State of Maryland / Department of Health and Mental Hygiene

Film G737 item 10e per FH 7-11-96 rja Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** LEA JULY 8, 1996 JOFFE 7:10pm /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner JEWISH CONVALESCENT HOME BALTIMORE 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Birthplace (State or Foreign Country) 1□ M 25 F 89 Yrs. Director 216-34-0652 POLÁND Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location "naturel", or items 23a or 28a-f show 10d. Inside City Limits MARYLAND BALTIMORE BALTIMORE Director 1 ☐ Yes 2 ☐XNo 10e. Street and Number 10f. Zip Code 7920 Scotts Level Road 10g. Citizen of What Country? 7920 SCOTT LEVEL ROAD 21208 USA Completed by Funeral 12. Was Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Give Year or Dates: 11. Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. filed within 72 hours after 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 ☐ Xo Specify: 3 ₺ Widowed 4 Divorced Specify WHITE The Medical 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within nent of Health and Mentel Hygiena. nnt: If Item 27 is marked other than ' ury or other traumatic event, tra Ma Elementary/Secondary (0-12) College (1-4or 5+) UNKNOWN HOMEMAKER OWN HOME Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be **JACOB** SAMOVAR SARAH HANNAH KLOSH 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. RIVA SCHAMROTH (DAUGHTER) 3926 FALLSTAFF RD. BALTIMORE, MD 21215 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Page Department of Important: If any injury or 7-9-1996 - RANDALLSTOWN, MD 4 ☐ Donation 5 ☐ Other (Specify) CHEVRA AHAVAS CHESED 22. Name and Address of Facility
Sol Levinson & Bros., Inc. 8900 Reisterstown Road Pikesville, MD 21208 ewis of that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, **Physician** /Medicai Immediate Cause (Final Coudro responentary

Due to (or as e consequence of) disease or condition resulting in death) Examiner il or Attanding Physician: The law requires that the death certificate be executed effect death.

Director: After this certificate has been signed by the attending physician end of in by the funeral director, page 2 should be datached for use as the bursh-transit of in by the funeral director, page 2 should be datached for use as the bursh-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Box 68760, Physician/Medical Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? HASCED, PDDM, Alzherner's dise 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings evailable prior to completion of cause of death? Be Completed 24a. Was an autopsy performed? 1 Yes 1 Yes 2 No 25. Was case referred to medical 26. Place of Death (Check only one) Certification: To 1 Yes 2 No Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. tnjury at Work? 28d. Describe how injury occurred 5 Pending investigation 2 Accident 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 24 hours e Funeral C 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. Medical 29a. Certifier To the Hosp within 24 hor To the Fune complataly fi (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) J. Tenn uns 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

David J. Penn MD 3635012 C+Rd 363501d C+ Rd Surfe 610, Pokesville MD21208

Registrar

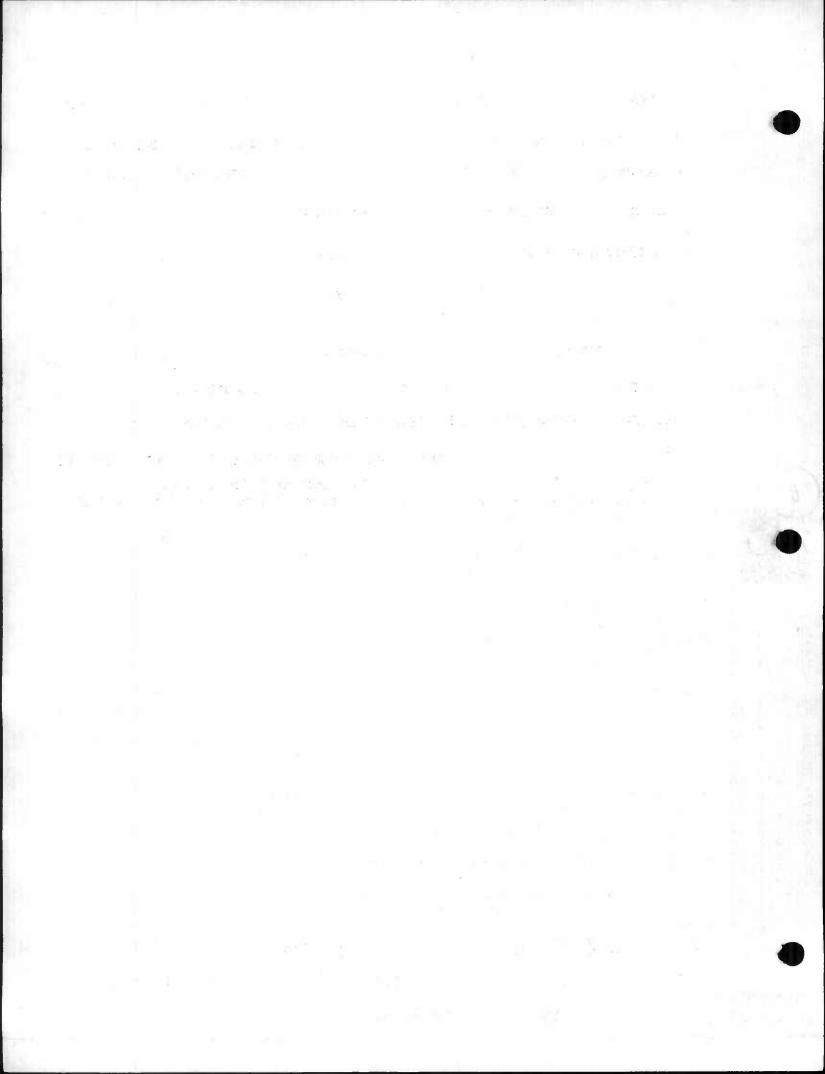
State

31. Date filed (Month, Day, Year)

32. Registrar's Signature

Ina Varidson

DHMH 16 Rev 6/95



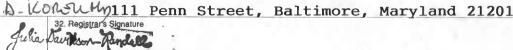
State Registrar

31. Date filed (Month, Day, Year)

JUL 11 1996

30. Name and address of person

HARLANION



completed ceuse of death (itam 23a) (Type, Print)

10 G 10 S 12 S 15 S 15 S AND RESIDENCE

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** GARY RAY JONES, SR. JULY 1996 6:55pm /Medical 4b. City, Town, or Location of Death 4a. Fecility Neme (If not Institution, give street end number) 4c. County of Deeth Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE 5. Sociel Security Number 7. Age (In vrs. lest birthday) if Under 24 Hrs. Birthplece (State or Foreign Country) 8. Date of Birth (Month, Dey, Year) **Funeral** 1 ØM 2□ F Months Deys Hours 214-64-6230 Usuei Residence of Decedent Director 169na with the Marylend 10e. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits show r then "natural", or itema 23a or 28a-f short the Wedical Examiner must be notified at Yes 2□No Director 10e. Street and Number more 10f. Zip Code 10g. Citizen of Whet Country? 2 Funeral 11. Maritei Stetus 12. Wes Decedent Ever In U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Merried 2 Merried Yes 2 No f Yes, Give more, Maryland 21215-0020 1 Yes 2 No Specify: by 3 ☐ Widowed 4 ☐ Divorced Negro Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DQ NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business Industry Hygiene. Elementery/Secondary (0-12) Coilege (1-4or 5+) Degraf. Peges 1 and 2 should be filed v Deportment of Health and Mentel Hygie Important: If Item 27 is marked other the any Injury or other traumatic event, the once. rub/ic rector 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be SAlly 2 ra ones Lee unjor 19a. Informent's Name/Reietlonship (Type, Print) 19b. Meiling Address (Street end Number or Afral Route Number, City or Town, Stete, Zir Code) 24054 Mrs. JA/14 0/100 120 00 irginia 20b. Plece of Disposition (Neme of cometery, crematory or other piece) 20a. Method of Disposition

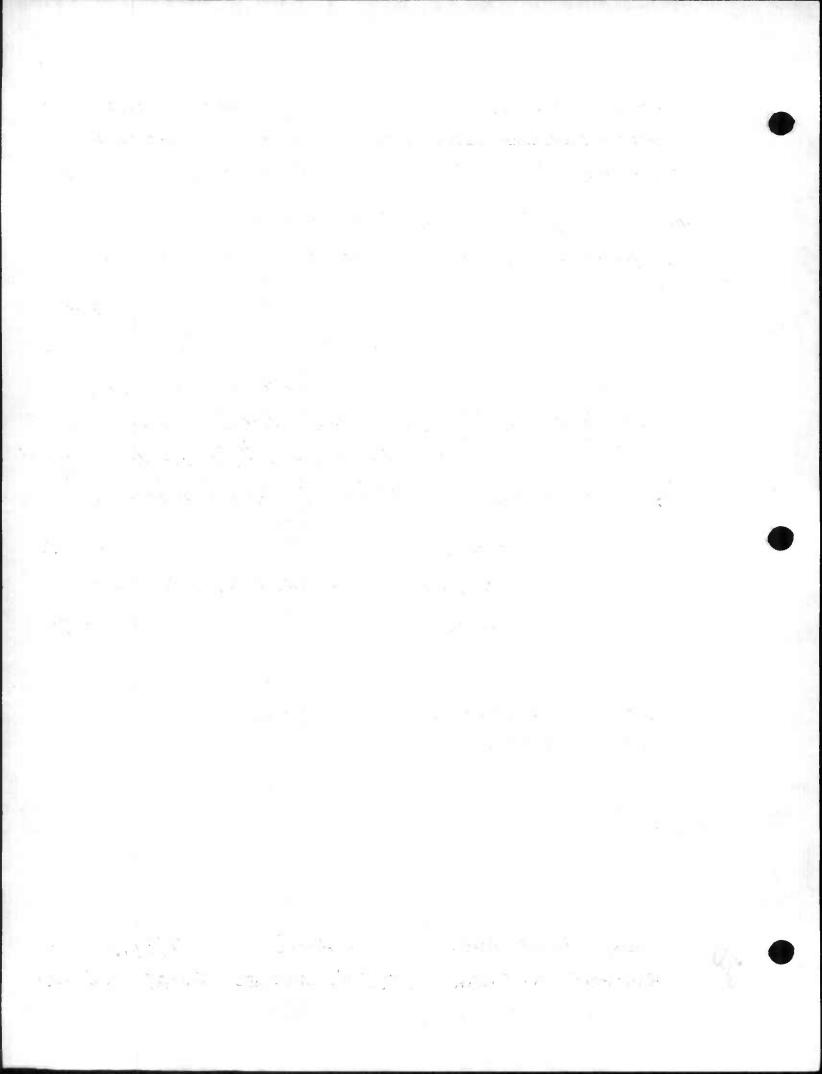
1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removel from Stete 20c. Location - City or Town, Stete 4 Donetion 5 □ Other (Specify) Balt 21. Signature of Funerei Service Licensee 22. Name and 200 2 mc 2/2 23a Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervei Between Onset end Deeth Physician 48W. Immediete Cause (Finel disease or condition resulting in deeth) /Medical SEPSIS **Examiner** Due to (or es e consequence of): Examiner ACQUIRED IMMUNODEFICIENCY SYNDROME The lew requires that the death certificate be executed physician and s the burief-tran Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): GyRS H.J.V. Records, P.O. Box 68760 Physician/Medical Due to (or es e consequence of): 98 ettending | isigned by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown à 24b. Were eutopsy tindings aveileble prior to 24e. Wes en eutopsy performed? Completed MALNUTRITION peen completion of cause of death? certificate hes 2 No 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician:
124 hours effer death.
 Funeral Director: Affer this certific. director, Be 25. Wes case reterred to medical 28. Piece of Death (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospitel: 2 1 Yes 2 No 2 ER/Outpatient 3 DOA Inpatient funerel 27. Menner ot Deeth Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: 5 Pending investigation Injury 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined To the Hospital or Atterwithin 24 hours effer dei To the Funeral Director completely filled in by th 3 Sulcide Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end manner as steted.

2 Medical Examiner: On the best of examination and/or investigetion, in my opinion, deeth occurred et the time, dete end piace, and due to the cause(s) end menner stated. edical 29a. Certifier 29b. Signeture end title ot certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) N. CHARLES STREET BALT MD EUGENE OBAH 6565

DHMH 16 Rev 6/95

State Registrar 31. Date tiled (Month, Dey, Year)

32. Registrer's Signeture

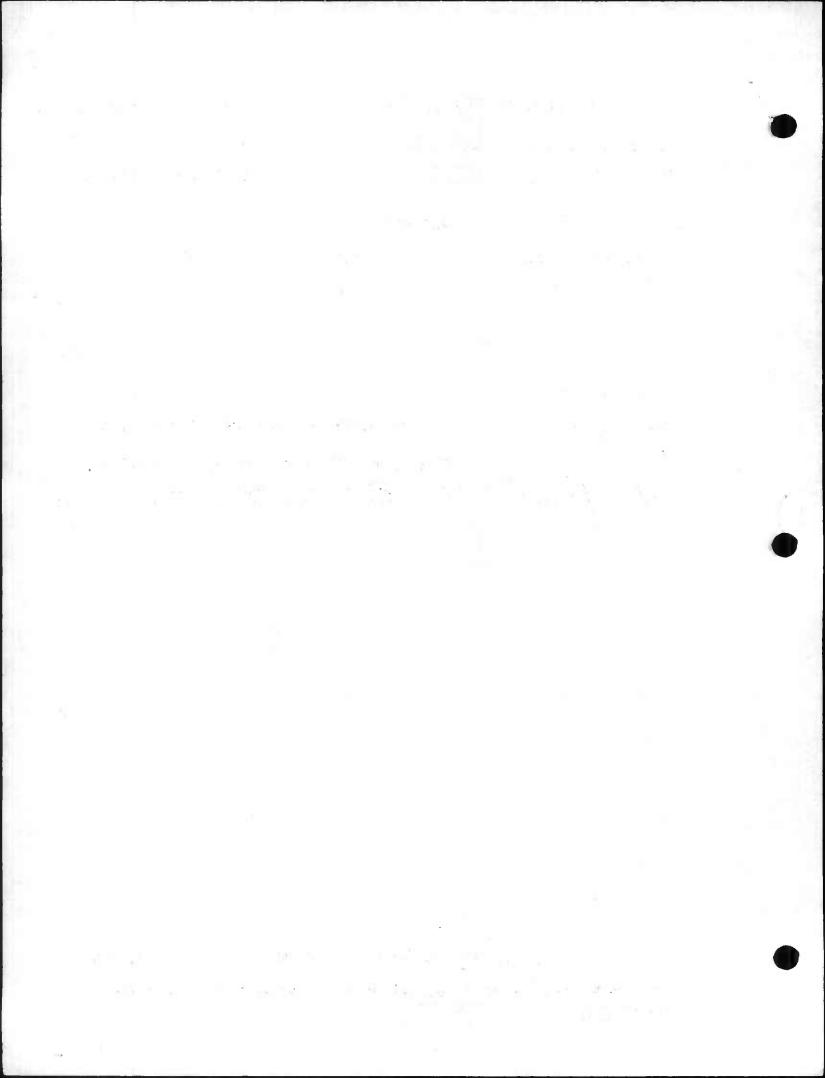


State of Maryland / Department of Health and Mental Hygiene 96

20538

				Ce	rtificate of	Death		Reg. No.	0 2	.0000
[†] Phys	ician dical	1. Decedent's Neme (First, Middle, L.	EV M JAC	KSO	N		2. Dete of Dec Month	Day 3	1996	3. Time of Death 1042 At
Exam		4a. Facility Name (If not institution, gi				4b. City, Town, or L BALTIMOR	RE		of Death	
Funer Directo			Sax 7. Aga (In yrs. 1	last birthday, Yrs.	If Under 1 Year Months Deys		8. Dete of Birt (Month, De 9/14/19	h v, Year) 09	9. Birthpled Country MARYLA	ce (Stete or Foral)
yland		10a. Stete 10b. County	10c. Cit	ty, Town or L	ocation		***************************************		100	s. Inside City Limit
the Merylar 28s-f show notified at	ctor	MARYLAND	BAL	TIMOR	E					1 Yas 2 N
er 28	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of V	What Country	n
eth w	ia i	208 N. FREMONT			21201			USA		
Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filled within 72 hours effer deeth with the Meryland Department of Health and Mental Hygiene. Important: If Hear 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic svent, the Medical Examinar must be notified at	by Funeral	11. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever in U Armed Forcas? 1 ☐ Yas 2 (A) No If Yes, Giva Yeer or Detes:		Was Decedant of If Yes, specify Cub 1 ☐ Yes 2 ☑ No	Hispanic Origin? (Spean, Maxican, Puarto Specify:	pecify Yes or No- Pican, atc.)		e - American ck, Whita, etc AFRO.	
5-0 72 ho	ted	15. Decedent's E (Specify only highast gr	ducation	16e. Dece	dent's Usuel Occu	pation during most of work ed)	kina	16b. Kind of B	usiness/Indu	stry
Maryland 21215-0020 d 2 should be filed within 72 hours eff thend Mental Hygiene. This marked other than "natural", or traumatic svent, the Medical Examitrations or the marked other than "natural".	Completed	Elementary/Secondery (0-12)	College (1-4or 5+)		ETICAN	ed)	(III)	STATE 0	F MARY	/I AND
laryland 212 2 should be filed with end Mental Hygiene is merked other the aumatic svent, the	ပိ	17. Fether's Nama (First, Middle, Las	1)	DILI	LIIONII	18. Mothar's Nem	e (First Middle			LAND
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shound M	-	19e. Informant's Neme/Reletionship	(Type, Print)	19b. Meil	ng Address (Stree	et end Number or Ru	ral Route Numbe	or, City or Town,	Stete, Zip C	ode)
1 and 2 Health em 27 is		CORRINE A. GREEN		3645	GELSTON	DR. BALT	IMORE, M	ARYLAND	21223	3
of He		20e. Method of Disposition 1A Burlel 2 Cramation 3 [20b. F	Place of Disponentary, cra	osition (Name of metory or other pla	ace)	Dete	20c. Location -	City or Town	n, Stete
Pag ment ent: h		4 Donetion 5 Other (Speci	(y) NEV	W CATH	EDRAL CEN	METERY	7/9/96	BALTIMO	RE, ME).
Baltimore, pemit. Pages 1 ar Department of Hea Important: If Item 3	4	21. Signature of Funeral Septice Lice	naee 677	F ²	2. Name end Addr	ess of Facility THERS FUND	RAI HOM	IF P A		
m gora		Throw 1	4. Come)			V PLACE, I			LAND 2	21217
		23a. Part1. Enter the disease, or con shock, or heart failure. List only	one cause on each life.	h. Do not en	ter tha moda of dy	Ing, such as cardiac	or raspiratory ar	rast,	A	opproximete ntervel Between
Physicial /Medica		Immediate Course (First								Onset and Deeth
Examine	_	Immediete Ceuse (Finel disease or condition resulting in deeth)	a. ACUTE PUI	LMONAR	Y EDEMA				Н	ours
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U, exec an en riel-tr		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	0) 61 60 (n es e conse	querice ory.				ļ	
ficete be executed physician end st the buriel-transit	Icai	Cause (Diseese or injury thet initieted events	C. Dua to (o	r as a conse	quance of):				-	
artifice ing ph	Medical	rasulting In death) Lest			,				İ	
that the death cered by the ettendir			d						1	
dea b dea he et	Physician/	Pert II. Other significant conditions	contributing to death but not ras	ulting in the u	inderlying cause g	iven in Part I.	23b. Did 1	obacco uae co	ntribute to ti	he cause of death
d by the		Anemia					10	Yes 2 No	3 Probe	bly Wunkner
COFGS requires been sign should be	Completed by	Upper G	astrointestiona	al Ble	eding			an eutopsy med?	eveil	a autopsy findings able prior to oletion of cause eth?
The lav	E						167	res 2□No	15/2	
VITAL I	BeC	25. Wes case referred to medical				26. Place of Dea	41		- X	,03 2010
Of VITA Physician: this certific rai director,	ToB	examiner? 1 ☐ Yes 2 ☑ No	Hospital: 1 The patient 2	ER/Outpatle	nt 3 DOA	hor	oma 5 ☐ Resid		er (Specify)	
VISION OF VITA Attending Physician: r death. ector: After this certific by the funeral director,	ü	27. Manner of Deeth 1 ☑ Neturel 5 ☑ Pending	28e. Dete of Injury (Month, Dey Year)	28b. Time of	f 28c. Inju	ury et ork?	28d. Describe	now injury occur	red	
VISIO VITE Adeath. Ctor: A y the fu	catio	2 ☐ Accident investigetion	n			Yes 2□No				
or Att	Certification:	3 ☐ Sulcida 6 ☐ Could not be determined	28e. Plece of Injury - At he building, etc. (Specify	ome, farm, st y)	reet, factory, offica		28f. Location (8 City or Tox	Street end Numb vn, State)	er or Rural F	Route Number,
Hospital 24 hours Funeral rely fillec	edicai Ce	29a. Certifier 1 ☐ Certifying Pl (Check only 2 ☐ Madical Examone)	nysician: To the best of my kno miner: On the basis of examina end manner steted.	wiedge, deat Non and/or in	h occurred et the t vestigation, in my	ime, dete and pleca opinion, death occur	end dua to the cred at tha tima,	ceusa(s) end me date and place,	enner as stet end due to th	ed. ha ceuse(s)
To the Within 7 To the comple	Me	29b. Signeture and title of certifiar	0 //		29c. Lican	sa number		29d. Date signe	d (Month, De	ey, Year)
		•	In Of	NI	N	D41843		July 3	1004	
[1		30. Neme end eddress of person who	completed cause of death (Item	n 23a) (Type,	Print)	D-11047		July 3	1990)
\vee		Dr Ann E Das	L CA A STATE	1	000 0		n 1	MD	04000	

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ITEM#6 film g737 7/19/96ag perFH Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Date of Death 3. Time of Death ACKSON JULY Day 1996 SARAH 4a. Facility Nama (If not institution, give streat and number) 4b. City, Town, or Location of Daath HOSPITAL CENTER RANDALLSTOWN NORTHWEST If Undar 1 Year | If Under 24 Hrs. | Months | Days | Hours | Min. 5. Social Security Number 7. Age (In yrs. last birthday) Birthpiaca (Stata or Foreign Country) 8. Date of Birth (Month, Day, Year) Months 15 M 2 F 076-56-8310 74 10/14/1921 VIRGINIA Usual Residence of Decedent BALTIMORE, CITY 10c. City, Town or Location 10d. Inside City Limits MARYLAND BALTIMORE 1√Wes 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 3705 MOHAWK AVENUE 21207 U.S.A. 12. Was Decedent Ever in U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexicen, Puarto Rican, atc.) 14. Race - Amarican Indian, Biack, Whita, atc. 1 Nevar Married 2 Married 1 Yes 2 No if Yes, Give Yaar or Datas: Specify: BLACK 1 ☐ Yes 2 ☐ No Specify: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coliega (1-4or 5+) 12 HOMEMAKER HOME 17. Fathar's Name (First, Middla, Last) 18. Mother's Nama (First, Middla, Maidan Surnama) WALTER TAYLOR ANNIE TAYLOR 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) HUBERT JACKSON (HUSBAND) 3705 MOHAWK AVENUE BALTIMORE, MARYLAND 21207 20b. Place of Disposition (Name of cematery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) GARRISON FOREST 7/8/96 OWINGS MILL, MARYLAND 21. Signature of Foheral Service Licens 22. Name and Address of Facility ESTEP BROTHERS FUNERAL HOME PA. 1300 EUTAW PLACE BALTIMORE, MARYLAND 21217 23a. Part1. Enter the disaasa, or complications that caused the death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each lina. Approximata Intervel Between Onset and Death Immediate Cause (Final disease or condition resulting in death) 3 DAYS Due to (or as a consequence of): Sequentially list conditions, if any, leeding to Immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 □ Probably 4 ☑ Unknown HYPERTENSION 1 ☐ Yes 2 ☐ No 24b. Were autopsy findings available prior to 24a. Was an autopsy completion of ceuse of death? 1 Yas 2 No 1 ☐ Yas 2 No 25. Was casa raferred to medical 26. Placa of Death (Check only one) Hospitel: 1 Ampatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residance 6 Other (Specify) 1 Yes 2 No

Physician /Medical Examiner

Physician /Medical

Examiner

Funeral

Director

28a-f show

rai', or itema 23a or 28a-f shor Examiner must be notified at

"natural", or items 23a

permit. Pages 1 and 2 should be filed within : Department of Health and Mentel Hygiene. Important: If itsm 27 is marked other than "riany Injury or other traumatic event. If the Mentel Injury or other traumatic event.

Maryland 21215-0020

Baltimore,

Box 68760.

P.O.

Records,

Division of Vital

Director

Funeral

þ

Completed

Be 2

attending physicien and for use es the bunal-transit certificata

The lew requires that the death certificata be executed lai or Attending Physician: The star death.

It Director: After this certificated in by the funeral director, page in by the funeral director, page in the funeral director, page in the funeral director, page in the funeral director, page in the funeral director, page in the funeral director, page in the funeral director, page in the funeral director, page in the funeral director, page in the funeral director, page in the funeral director, page in the funeral director, page in the funeral director, page in the funeral director, page in the funeral director, page in the funeral director, page in the funeral director, page in the funeral director, page in the funeral director director. 24 hours at Funeral D To the Hosp within 24 ho. To the Fune completaly fi

Physician/Medical Examiner þ Be Completed Certification: To

edicai

27. Manner of Death

1 Natural

2 Accident

3 Suicide

29e. Certifier

4 Homicide

29b. Signature and title of certifier

31. Date filed (Month, Day, Year)

JUL 1 1 1996

State Registrar

5 Pending investigation

6 Could not be determined

28a. Date of Injury (Month, Dey Year)

28b. Tima of

28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and mannar stated. 29c. License number

1 ☐ Yes 2 ☐ No

28c. Injury at Work?

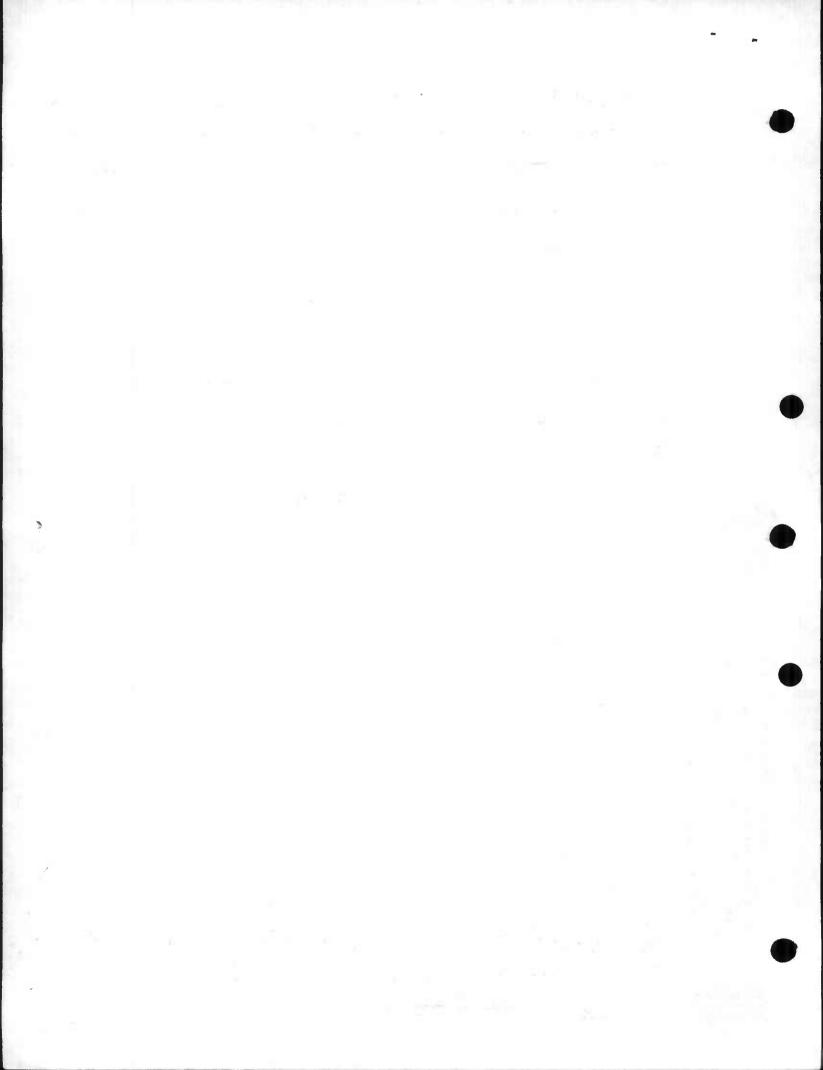
29d. Data signed (Month, Day, Year) JULY 2, 1996

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

28d. Describe how injury occurred

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) . MD 21133

DHMH 16 Rev 6/95



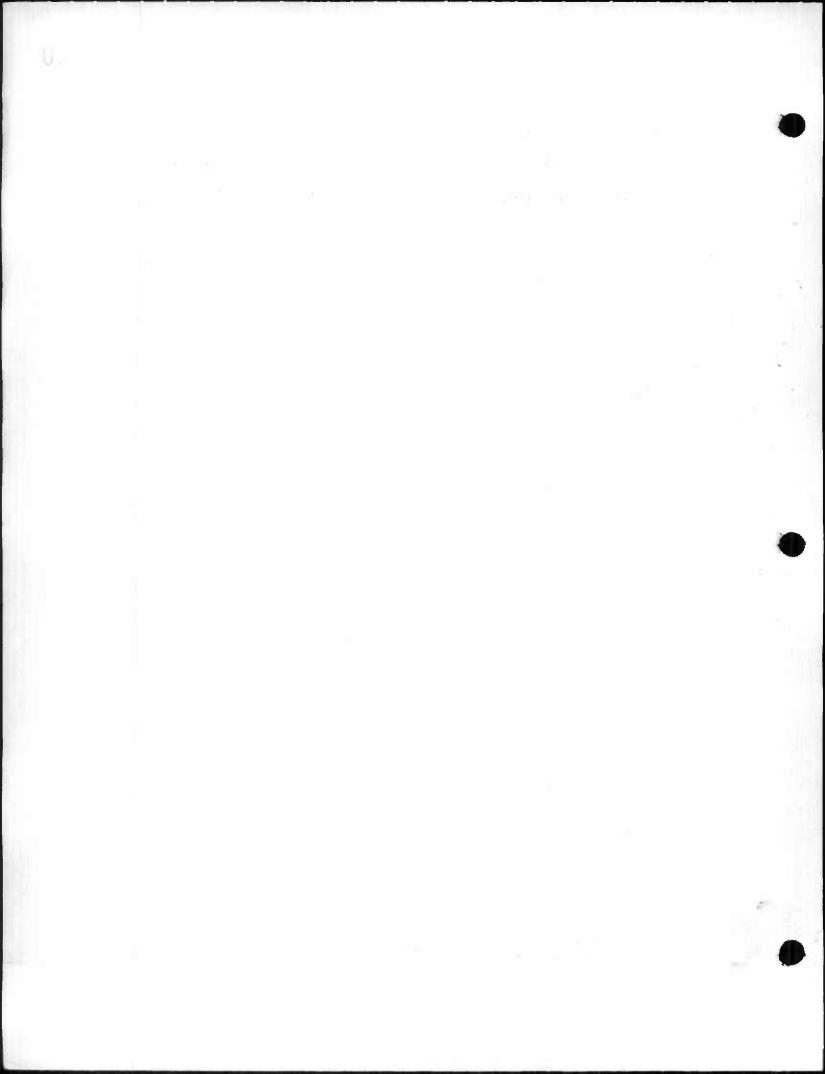
from Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2000 and the confidence has been signed by the attending physician and completely lined of the confidence of should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

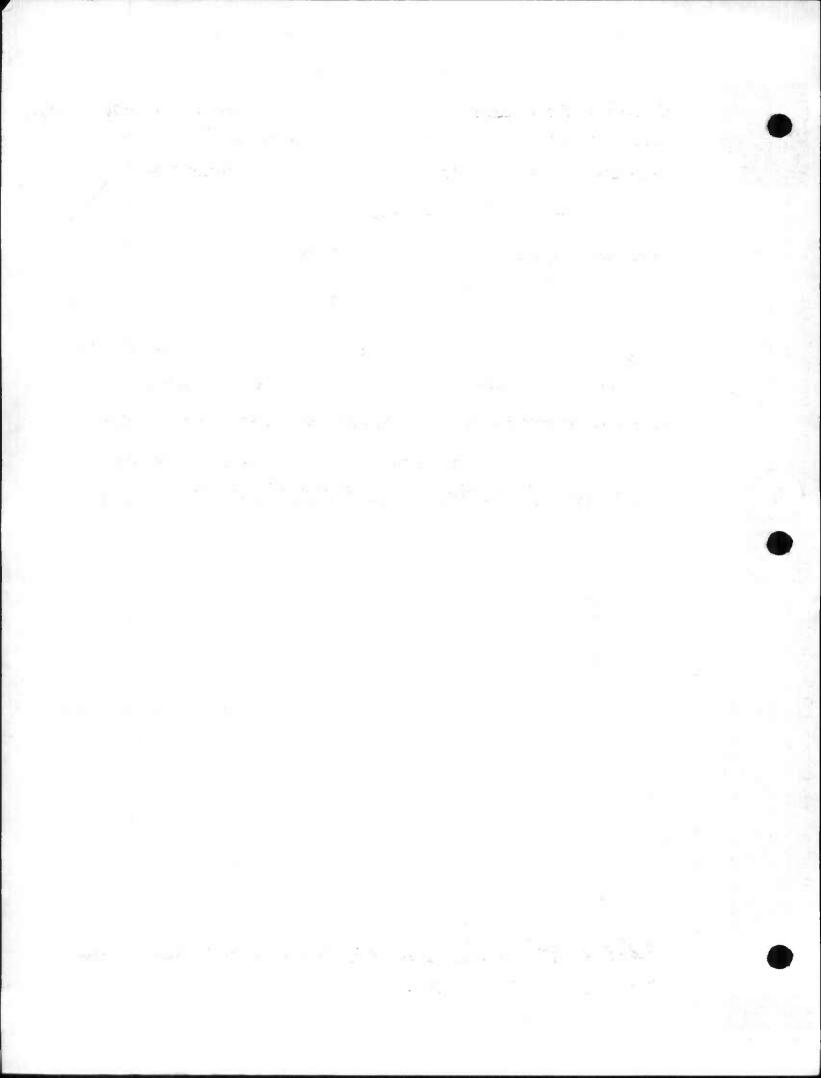
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL	HYGIENE REG. NO.
. 0	DECEDENT'S NAME (First, Middle, Last)		2. DATE O	F DEATH

CHARLES	E. JOH	NSON						2. DATE OF DEATH		YEAR PL	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 219-32-176	R 5. SE	- 17	. AGE (In yrs. lest birt		UNDER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 08-22-1	937	8. BIRTI- Count	IPLACE (State or Foreign ry) [aryland]
BON SECON	RS Hos	number) PITAL		9b.	BALTO		ON OF DE		9c. COU	nty of o	
RESIDENCE OF DEC	10b. COUNTY		10	c. CITY, TO	WN OR LOCAT	ION					10d, INSIDE CITY LIMITS?
MD	n,	/a		Ba	ltimor	e					LIMITS?
10e. STREET AND NUMBER						ZIP COD	E		10g. CIT	IZEN OF	WHAT COUNTRY?
1341 Vida D	rive					212	207			USA	
11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divor	Asmied FC	AS DECEDENT PRCES? 1 () YES, GIVE WA	EVER IN U.S. ARMED YES 2 NO R OR DATES		If yes, spi	elfy Cub		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No-	14. RACI Blac Spec	E — American Indian, k, White, atc. ity: Black
15. DECI (Specify only Elementary/Secondary (0 GED	DENT'S EOUCATION highest grade comple 12) Coffe	red) rge (1-4 or 5+)	(Give k	ind of work NOT use rei	dal occupation done during modified.)	N st of world	ing	16b. KIND OF BUS			imore
17. FATHER'S NAME (First, Mi	ddle, Lasi)					16. MOT	HER'S NA	ME (First, Middle, Maiden	Surname)		
Randolph J						Mar	_	1,000			
19a. INFORMANT'S NAME (7)								Route Number, City or Tow			
June Johns					da Dri		Ba1	timore, Ma			21207
204. METHOD OF OISPOSITI		om Stats	20b. PLACE OF other place)								own, State
4 Donation 6 Other			MD Vete	ran C	emeter	y/Gā	rris				s, Maryla
21. SIGNATURE OF FIRMERA	SERVICE LICENSEE	no			2501	GWVI	ins F	alls Parkv	Fune vav	eral	Homes, In
Sau	1 X	elle	20						1216		
Sequentially list condition resulting in death) Sequentially list condition and the sequentially list condition and the sequential	lleta NG Ty	DUE TO (I	OR AS A CONSEQUE	NCE OF:	les ling	fn	m	ven pice aldon repa	ir	al	TL.
	nt conditions con	tributing to	leath but not resu	sktilling in t	he underlyth	g Cause	given in	Part I. 34s. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDS AVAILABLE PRIOR TO
PART II. Other significa	Type of the de	Ah Jeg	ge K user	e a	ite	De ris	SCO SCO	erofic Ves X			COMPLETION OF CAU OF BEATH?
26. WAS CASE REFERENCE TO EXAMINATE	HOI	Alexander	ge K user		THER:	N.7 (1.11)	and see	er fic ves X			OF DEATH?
25. WAS CASE REFERENCE TO EXAMINATE TO THE 2 ON NO 22. MANNER OF DEATH 1 Meturel 5 O	HOI	SPIPAL: figation 2 = 28s. DATE OF I			THER: Nursing Hon F 28c. HL	N.7 (1.11)	lesidence	erofic Ves X	uX⊡ NO	OCURED	OF DEATH?
25. WAS CASE REFERENCED TO EXAMINISME? 1 1 FES 2 NO 27. MANNER OF DEATH 1 Netural 5 Natural 2 Accident	Pending nvestigation	Topatient 2 12 28e. DAYE OF I (Month, De 28e. PLACE OF	NJURY 2	Bb. TIME O	THER: Mursing Hon # 28c. Hu W M 1	W S C I	lesidence	ves X	INJURY ON		COMPLETION OF CAU OF DEATH?

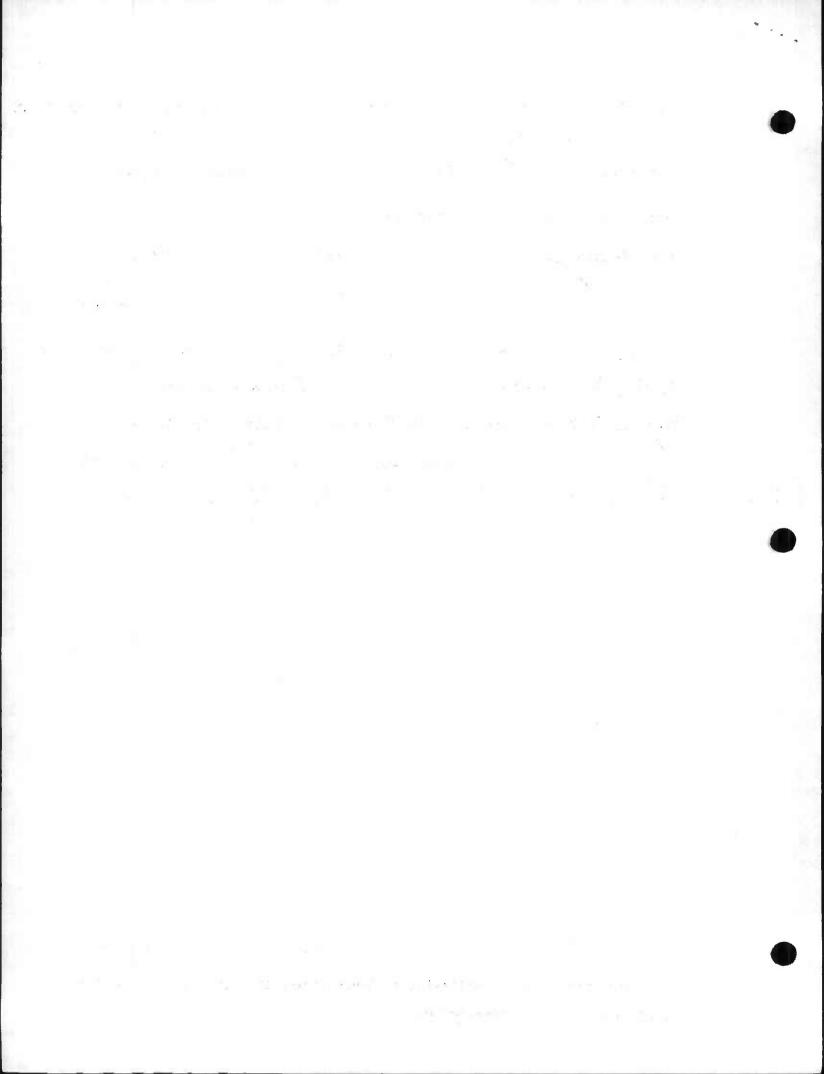


	Fil	m G	737 item 1,5 per F		Marylar rja		rtment of F	lealth and I Death		gieney 6 Reg. No.	21	1541	
	Physici /Medi		1. Decedent's Nama (First, Middle - Poro the K	e, Last) Dorot	hy H. K	rumbein			2. Dete of Dea	Day	Yeer 1996	3. Time of De	
	Examir		4a. Fecility Neme (If not Institution SINAI HOSPIT.	n, give street and numi	ber)			4b. City, Town, or L BALTIMO	/	4c. County	of Deeth		
	Funeral Director		5. Sociel Security Number 103–28–8741		. Age (In yrs.	last birthdey)Yrs.	If Under 1 Yeer Months Deys	if Under 24 Hrs. Hours Min.				ece (Stete or F	oreign
	wor.		Usual Residence of Decedent 10a. Stete 10b. County	· · · · · · · · · · · · · · · · · · ·	10c. Cit	ty, Town or Loc	ation				10	d. Inside City L	Limits
	e Men	ctor	MD N/	A	В	ALTIMOR	₹E					1 📉 Yes 2	□No
	with th	Funeral Director	10e. Street and Number				10f. Zip Coda	200		10g. Citizen of \	What Count	ry?	
	ma 23	eral	3106 LABYRIN	TH ROAD 12. Wes Deced	lent Ever in U	,S. 13. W	212 /as Decedent of H	ispenic Origin? (Sp	pecify Yes or No-	USA 14. Rec	e - America	in Indien,	
020	should be filled within 72 hours efter deeth with the Meryland nd Mental Hyglene. marked other than "natural", or flerma 23a or 28a-f ahow urmatic event, the Medical Examine must be northed at	by	1 Never Married 2 Married 3 Widowed 4 Divorced	If Yes Give	. □KNo	lf lf	Yes, specify Cuba	Specify:	o Rican, etc.)		ck, White, e	HITE	
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pu	al Hyg	Be C	17. Father's Name (First, Middle,			1		18. Mother's Nam			ne)		
ryla	d Ment	To	PHILIP	BERGE	R	T 10		LENA		MACHLIS			
Ma			19a. Informent's Name/Relations SIMEON J. KRU		USE)			and Number or Ru				20da)	
ore,	es 1 end of Heelth f item 27 r other tr		20e. Method of Disposition		20b. F	Piece of Dispos			Dete	20c. Location -		vn, State	
E	: Pages tment of t tant: If ite		1 XBuriai 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (S	pecify)		JUDAH		7	-10-96	RIDGEWO	DOD, 1	1X	
Balymore, Maryland 21215-0020	permit. Pages 1 end 2 Department of Heelth of Important: if item 27 is any injury or other tre once.		21. Signeture of Funeral Service	Licansee . Q	the	Sc		ss of Fecility Son & Bro Cerstown			e, MD	21208	
			23e. Pert1. Enter the diseese, or shock, or haart feilure. List	complications that can	used the deet ch line.							Approximate Interval Between	en
	Physician /Medical Examiner		immediate Cause (Final disease or condition resulting In deeth)	· Gas							1	Onset end Dea	
	n =	ner		b. Brea		or es a consequ	ienca of);				14	6 hours	C
_	icate be executed physicien and s the buriel-transit	Examin	Sequentially list conditions, if any, laading to immediate	6. D. Ecc		or as e consequ	ence of):					10101111	-3
68760,	slcien burie	dicalE	cause. Enter Underlying Ceuse (Disaase or Injury that initiated events	c	Due to /e								
_	eath certificat ettending phy for use es the	w	resulting in death) Lest	d	Due to (o	r as a consequ	ence or):						
Box	requires that the death certifi seen signed by the ettending hould be detached for use es	Physician/M	Pert ii. Other significant condition	ne contributing to dog	th but not rec	ulting in the un	dorbilas sousa siv	on in Rost i	22h Didt	obacco use co	ntelbute to	the enum of a	do adh O
P.0	at the de by the stached	Phys	Totti, Other agrittedit condition	THE CONTRIBUTING TO GE	un but not res	alting in the dis	uenying cause giv	en in reitt.		es 2□ No		N INC.	
	ires that signed t d be det	þ							5.000.000				
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a	t as g		25. Was casa referred to medical						1 🗆 Y		10	Yes 28 No)
Ž	Physician: this certific ral director,	To Be	examinar?	Hospital:	patient 2	ER/Outpatient	3□ DOA Oth	er: 4 Nursing Ho	th <i>(Check only or</i> ome 5□ Resid		er (Specify)		
Division of	After fune		27. Mennar of Death 1 ØNaturai 5 □ Pandin 2 □ Accident investig	g 28a. Data of (Month,		28b. Time of Injury	28c. Injur Wor		28d. Describe h				
Divis	5 # 5 E	Certification:	3 Sulcide 6 Could r 4 Homicide determ	ined 256. Pieca o	f injury - At ho , etc. (Specif	ome, farm, stree y)	et, fectory, office		28f. Location (S City or Tow	treet and Numb n, State)	er or Rural	Route Number	r,
	To the Hospital within 24 hours of To the Funeral completely filled	edical	29a. Certifier 1 ☐ Certifyin (Check only one)	g Physician: To the be Examiner: On the basi and manne	is of axamine	wledge, death of tion end/or inve	occurred at the tin estigetion, in my o	ne, dete and piece, pinion, deeth occur	and due to the c red at the time, o	ause(s) and ma lete and plece,	anner as sta and due to	ited. the cause(s)	
	To To To To	Σ	29b. Signeture end title of certifier	04 15) .	1 - 1	29c, Licens		43	29d. Date signed	d (Month, D	ey, Year)	
	\wedge	-	30. Nama and eddress of person	Thichile	~ medic	al Rosida		12321ER	4943	July 9	, 199	6	
	10		Elliot S. Roth	schild S	na. H	OSpital	nnt)			/			
	Sta Registra		31. Date filed (Month, Day, Yeer)	1996 S	pistrar's Signe	iture D	200						



State of Maryland / Department of Health and Mental Hygiene 96 20542

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## Facility News (Facility Analysis) School Specific County of Date Service County of Date				Elizabeth	DORIS		KENT					12:05 PM
Social Security Number C. See See T. Again Proposed T. A)			4e. Fecility Neme (If not Institution, g	iva street and number)			4b. City, Town, or				
Social Security Number 0.5 Security Numb				FRANKLIN SQUA	RE HOSPITAL			Rossville		Balti	Lmore	
Proceedings Proceeding Process	Н	Funeral				rs. lest birthda			8. Date of Bi	rth	9. Birthp	iece (Stete or Foreign
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The complete of the second control of the se	9	2 hou	8	15. Decedent's I	97.5 57776	16a. Dec	edent's Usuel Occu	ination		16b. Kind of B		
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30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print) Anne-Marie McCabe M.D. 9000 Franklin Square Drive Baltimore, MD 21237 State 31. Date filed (Month, Day, Yaar) 32. Registrat's Signature		n 24 n 24 ne Fu	ğ		miner: On the basis of examination and manner stated.	nation and/or i	nvestigation, in my	opinion, death occu	rred at the time,	date and place,	and due to	the cause(s)
30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print) Anne-Marie McCabe M.D. 9000 Franklin Square Drive Baltimore, MD 21237 State 31. Date filed (Month, Day, Yaar) 32. Registrat's Signature		withi To th		29b. Signature end title of cartifier			29c. Licen	se number		29d. Dete signe	d (Month, I	Dey, Year)
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State of Maryland / Department of Health and Mental Hygiene 96 20543

					C	ertifica	ate of	Death		Reg. No.	, ,	0040
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of Health of Health f Item 27 r other to		20a. Mathod of Disposition		20b. Pl	ace of Disponatary, cr	position (N	ama of	ace)	Data	20c. Location -	City or To	wn, Stata
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				State of Mary		Department of Certificate of		, 0		6	20544
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	Funeral Director		213-12-3434	T	n yrs. lest bir 74	thday) If Under 1 Yea Months Deys		8. Date of Birth (Month, Dey, June 9,	^{Year)} 1922	9. Birthpl Count Mar	ece (Stete or Foreign lry) yland
	death with the Maryland me 23a or 28a-f show	ctor	10e. Stete 10b. County Md. Balt	cimore	c. City, Town	n or Location	Parkville	е		10	0d. inside City Limits 1 ☐ Yes 2 🔀 No
	ath with the 23a or 21	eral Director		dgewood Ave		10f. Zip Code	21234		og. Citizen of V United	State	S
020		by Funeral	11. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Eve Armed Forces? 1 X Yes 2 ☐ No If Yes, Give Yeer or Detes: W		13. Was Decedent of If Yes, specify Cult 1☐ Yes 2☑ No.		pecify Yes or No- o Rican, etc.)		e - America ck, White, e	
0-0171	be filed within 72 hours aftar tal Hygiana. d other than "natural", or Ite event, I'm Medical Examine	Completed	15. Decedent's Edu (Specify only highest grad Elementery/Secondery (0-12)	cation e com <i>pleted)</i> College (1-4or 5+)	16e.	Decedent's Usual Occu (Give kind of work done life. DO NOT use retin Pipe Fitte	e during most of wor red)	king	6b. Kind of Bu		
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, Mary	nd 2 ;	-	19e. Informent'e Neme/Relationship (Ty Beverly A. Hagner	(Daughter)	4	Meiling Address (Stree 28 Riversi		ral Route Number, altimore,	City or Town, Md. 21	State, Zip	
	Page nant o		20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licens	temovel from Stete	Morel	Disposition (Neme of y, cremetory or other plant of Memoria	al Park 7	/11/96	Baltimo	ore	Maryland
Ha	Departi Departi Importa any init		> nulton	Kareld	Knight	22. Name end Addi	ord Road	onard J. Baltimor	e, Md.		214 Approximete
A.	Physician /Medical Examiner		23e. Pert1. Enter the disease, of compishock, or heart feilure. List only or Immediate Ceuse (Finei disease or condition resulting in deeth)	Resp	ore	1	irest	or respiratory ene	o.,	Y	Intervel Between Onset end Death
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	Tha iaw requireata has been sign paga 2 should be	Completed by						24a. Wes en	eutopsy led?	eva	re autopsy findings ilable prior to apletion of cause eeth?
		Be	25. Wes case referred to medical exeminer?	lospitel:		_ 0	ther	1 ☐ Ye)		Yes 2□ No
5	To the Hospital or Attending Physician: within 24 hours aftar death To the Funeral Director: After this cartific complately filled in by the funeral director,	ation: To	27. Manner of Deeth 1 Neturel 5 Pending investigation	1 ☐ Inpatient 28e. Dete of Injury (Month, Dey Ye		ime of 28c. Injury	4 LI Nursing H	28d. Describe ho)
	oltal or Atteurs aftar de rei Directo	Certification:	3 Sulcide 6 Could not be determined	building, etc. (S	ipecity)	rm, street, fectory, office		28f. Location (Str. City or Town,	Stete)		
	the Hosp thin 24 ho the Fune mplataly f	Medical	29a. Certifier (Check only one) Certifying Physical Examination (Check only one)	nar: On the best of mare. On the bests of exa	minetion end	Vor investigetion, in my	opinion, deeth occu	rred et the time, de	te end pleca,	end due to	the cause(s)
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	10		Dr. Michael H. So				kwy. Suit	e A Bel	camp, M	Md.	

State Registrar 31. Dete filed (Month, Day, Year) from Jew 32. Registres June 111 1 1996

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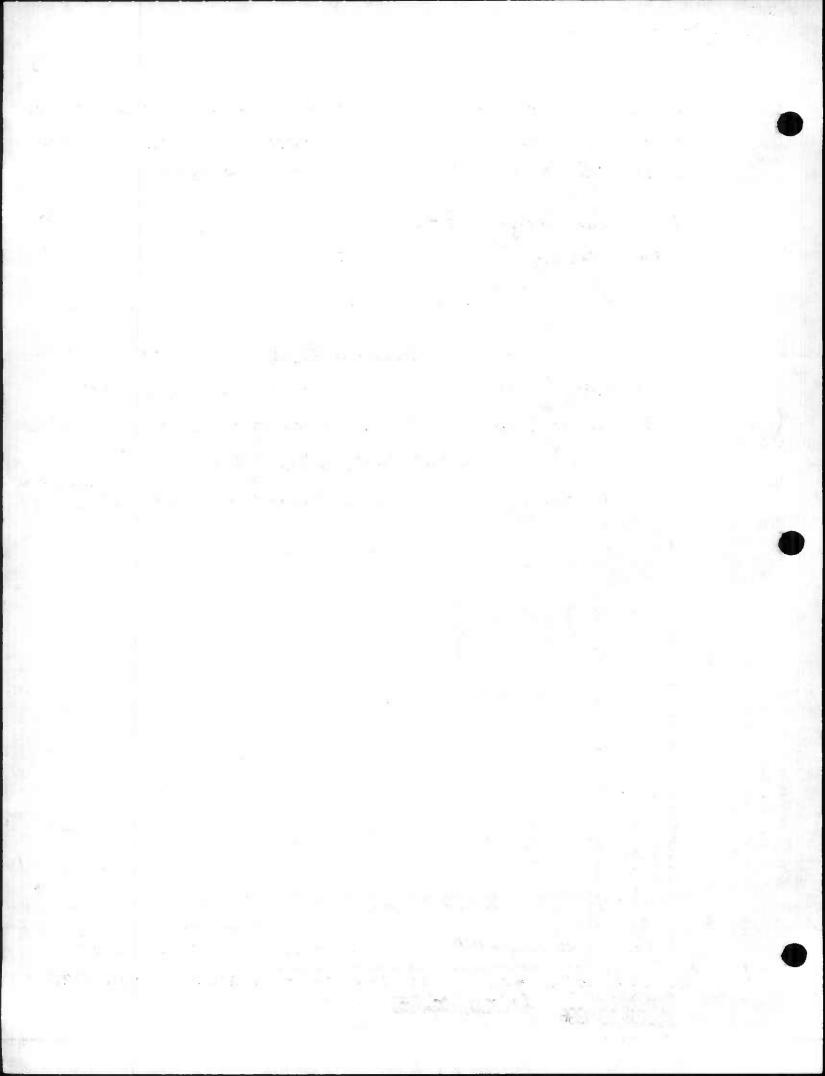
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State of Maryland / Department of Health and Mental Hygiene

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ian	1 Decedent's No.	IFT A A								Reg. No.		
	1. Decedent's Na	me (First, Middle	, Last)						2. Dete of De Month	eth Dey	Yeer	3. Time of
cal	DONALI		MILT			Mo	LAIN		JULY		1996	5:30E
ner	4a. Fecility Neme	(If not institution,	, give street and no	umber)			4b. City, 7	Town, or Lo	cation of Death	4c. Count	y of Deeth	
		11LBURN				1		WIE		PRIN	VCE (GEORGE
	253 66	Number 4715	6. Sex 1 M 2 ☐ F	7. Age (In yrs	s. lest birthday) Yrs.		ear If Under ays Hours	or 24 Hrs. Min.	8. Date of Bir (Month, Da	IV. Year)	9. Birthp	olece (State or
	Usual Residence	of Decedent		5	113.				8-3	6-44		199
	10e. Stete	10b. County		10c. C	City, Town or Lo	ocetion					1	I0d. Inside Cit
to	mp	Prince	, George	,]	Borvi	2						1 🗆 Yes
Director	10e. Street end N	umber	0		50 00 -	10f. Zip Co	de			10g. Citizen of	Whef Cour	ntry?
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Funeral	11. Marital Status		12. Was Dec Armed F	cedent Ever In	U,S. 13.	Was Deceden	of Hispanic C	origin? (Spe	cify Yes or No	- 14. Rac	ce - Americ	
by Fu		rried 2 Marrie	ed 1 K Yes If Yes, G	2 □ No		1□ Yes 20	1		110411, 0101,	Specif		1° +
	3 LJ Widowed	4 ADivorced	Yeer or I	Dates: /93	25						w	mle
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dmc	Elementary/Sec	condary (0-12)	College ((1-4or 5+)	-	rono	-	0		Go	14	
	17. Father's Neme	(First, Middle, L	ast)		- Cu	oco ria		her's Neme	(First, Middle,	Maiden Sumar	ne)	
To Be	Par	Daso	C. C	nc Lo	in V	>	42	sti.	P	4-1		De ser
-	19a. Informant's N	Name/Relationshi				ng Address (S	treet end Num	ber or Rura	Route Number	er, City or Town	State, Lip	Code)
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	20a. Method of Dis	•	. Va		Plece of Dispo	sition (Name onetory or other	of plece)		Date	20c. Location	- City or To	own, State
		Cremation : 5 ☐ Other (Spi	3 ARemoval from e <i>cify)</i>	Stete Li	bertin	Hille	amoto	711 9	1-10-96		14	
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State of Maryland / Department of Health and Mental Hygiene G.

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7/16/96 t.	t		State of Ivialyial	Certificate of		Reg. No.	6 20546
Physic		Decedant's Name (First, Middla, La DOROTHY	MAE	NELSON		2. Data of Death Month Day	Year 3. Tima of Death
/Medi Exami		4a. Facility Nama (If not institution, giv	a street and number) IAH AVEN C	E	4b. City, Town, or Loc BALTIM	ation of Daath 4c. Co.	anty of Death BALTIMORE
Funeral Director		5. Social Security Number 6. S 217-34-6677 1 Usuel Rasidance of Dacedant	ex 7. Age (In yrs.	3 Yrs. If Under 1 Yaer Months Deys	If Undar 24 Hrs. Hours Min.	B. Deta of Birth (Month, Day, Year) 1AY 23, 192	9. Birthplace (State or Foreign Country) SOUTH CAROLINA
deeth with the Maryland ms 23a or 28a-f show creat be notified at	ector		LTIHORE 10c. Ci		TIMORE	s CITY	10d. Insida City Limits 1 1 Yas 2 □ No
ath with t	Funeral Director	10e. Street and Number 2411 ARUNA	H AVEN	10f. Zip Coda	21216	10g/Citizan	of What Country? USA
- P 2 2 2	by	11. Maritel Status 1 □ Never Marriad 2 □ Merried 3 ☑ Widowed 4 □ Divorced	12. Wes Decedent Ever in U Armed Forces? 1 ☐ Yas 2 No If Yas, Giva Yaar or Datas:		lispanic Orlgin? (Spec an, Maxican, Puarto R Specify:		Rece - American Indien, Bleck, White, atc. scifty: BLACK
21215-0020 d within 72 hours af jiene. It han "naturel", or the Medical Exam	Completed	15. Decedent's Ed (Specify only highast gra	da completed)	16a. Decedent's Usual Occup (Giva kind of work done lifa. DO NOT use retire	pation during most of working	16b. Kind o	of Businass/Industry
d 212 filed with Hygiene. ther ther	Com	Elementary/Secondary (0-12) 17. Fether's Name (First, Middle, Last)	College (1-4or 5+)	SEAM	TRESS	á	HING FACTORY
rian Jud be Mentel rked o	To Be	OS CAR		BRAGBOY	PEARL		FADDEN
Mary nd 2 shouth 27 s mary traumer		19a. Informant's Name/Ralationship (ARCHIE	Type, Print) SHAW	19b. Mailing Addrass (Street 939 COLER)			wn, Stete, Zip Code) ORE, MD, 21221 on - City or Town, Stete
Pages 1. Pages 1. nent of He int: If Nen		20a. Method of Disposition 1					
Barring Brant Inpoorts any inj		21. Signature of Funeral Service Licer	D. Bon	22. Nama and Addra JOSEPH 3140 N	SS OF FACILITY H. BROW	UN JR. FU	BUTUS MARYLAND WERAL HOME, P.A. JORE, MD. 21217
Physician		23a. Part1. Entar the diseesa, or com shock, or heart failura. List only	ona causa on each lina.	. O	ng, such es cardiec or	respiretory errest,	Approximata Intervel Between Onset end Death
/Medical Examiner	<u>.</u>	Immedieta Causa (Final disessa or condition resulting in daath)	2000	or as a consequence of):	u ay	Urerus	4 mo
xecuted and al-transit	Examiner	Sequantially list conditions, if any, leading to immediata	b Dua to (c	or as a consequence of):			
/68760, tificate be executed g physician and as the buriel-transit	edicai	Sequantially list conditions, if any, leading to immediata cause. Entar Underlying Cause (Disaasa or injury that initieled avants resulting in daath) Last	cDua to (c	r as a consequence of):			
deeth cert	by Physician/M	Pert II. Other significant conditions of	dontributing to death but not res	ultina In the underlying cause on	ven in Part I.	23b. Did tobacco use	contribute to the cause of death?
ords, P.O.	y Phy					1 Yee 2	3 Probably 4 Unknown
2 s s s	Completed b			1 30		24a. Was an autopsy performed?	24b. Wara autopsy findings evailable prior to completion of cause of death?
Vital Relicion: The Lector, page	Be Con	25. Was casa rafarred to madical			26. Placa of Death	1 Yas 2 A	o 1□Yas 2□LMo
of Vita Physician: this certific	ToB	axaminar?	Hospital: 1 ☐ Inpatient	EN/Outpatient 3 DOA Oth	nar: 4 Nursing Hom	A 4	Other (Specify)
C 5 5		27. Mannar of Death 1 Natural 5 Panding 2 Accidant Invastigation	28a. Data of Injury (Month, Day Year)	28b. Time of linjury 28c. Injury Wor		3d. Describe how injury or	
Division or Attending s etter deeth. I Director: After d in by the fune	Certification:	3 Sulcida 6 Could not be detarmined	28a. Placa of Injury - At h building, etc. (Specif	oma, ferm, straat, factory, office	25	Bf. Location (Street and N City or Town, Stata)	umber or Rural Route Number,
Divisio To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A completely filled in by the it.	edical C			wledga, daath occurred et the tir tion and/or invastigetion, in my o			
To the Within 3 To the comple	Me	29b. Signature end titla of certifier		29c. Licens	e number	29d. Data si	gned (Month, Day, Year)

State Registrar

of daeth (Itam 23a) (Type, Print)

32 Registrar's Signatura

Fra Lavidson-Randelle

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Application of the second of t

TWile an propular about their March 19 and Table 19 and

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Deeth Month Yeer O' ROURKS ARY 1996

4b. City, Town, or Location of Deeth

JUW L

4c. County of Deeth

4:30 P.M

10d. Inside City Limits 1 ☐ Yes 28 No

SIORS

Approximate Intervel Between Onset end Death

I WK.

1 ☐ Yes 2 ☐ No

Location (Street and Number or Rural Route Number, City or Town, State)

29d. Date signed (Month, Dey, Year)

Physician /Medical **Examiner** 1. Decedent's Name (First, Middle, Last)

4e. Fecility Neme (If not institution, give street and number)

HOGELA

Funeral Director

with the Maryland

Director

þ

Completed

item 27 is marked other than "naturel", or items 23a or 28a-f show other traumatic event, it a Megical Examiner must be notified at 72 hours after porms. Pages 1 and 2 should be filed within 'Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "s

> Examiner Be Completed by Physician/Medical Certification: To

Baltimore, Maryland 21215-0020 Physician Examiner the attending physician end hed for use es the buriel-transit The law requires that the death certificete be executed Records, P.O. Box 68760, certificate hes b Division of Vital or Attending Physician: this funeral After a Hospital Co. 24 hours effer deeth.
The Funeral Director: After the funeral in by the fur Medicai To the Hosp within 24 hor To the Fune completely fi

NURSING + REHAB. IS MISR
T are In urs last birthday) If Under 1 Year BULFORSST if Under 24 Hrs. 8, Date MARFORD 5. Sociel Security Number 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) 1□M 2√F Months Deys Hours 88 Yrs. JAn. 16 1908 290 01 1910 TEMOSYLVANIA Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location MARVENO BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? KOAO 8908 HARFORD U-S-A 91937 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Black, White, etc. 11. Marital Status 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: WHITE Specify: Widowed 4 □ Divorced Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Coilege (1-4or 5+) Elementary/Secondary (0-12) DEPARIMENT SAGS SALS CLERK 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) William J. KOSBIG HTZDALIZZ HOFFMAN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) PARKVILL MARYLAND
Date | 20c. Location - City or Town, Stete MicHAUL J. O'ROURKE 8908 HARFORD ROAD 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition JULY 13 ☐ Buriei 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 190 source 1996 HOLY BALLIMORE MARYLAND 22. Name and Address of Facility TUCORIUS ature of Funeral Selvice Licensee 8800 HARFORD more 23e. Pert1. Enter the disease, or complication. that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory errest, shock, or heer failure. List only one ceur of one ech line. Pneumonia immediate Ceuse (Finel disease or condition resulting in death) Due to (or es e consequence of) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequence of) Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? Congestive eart failure 1 ☐ Yes 25 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 Yes 2 No 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No 27. Menner of Deeth Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred

1 Yes

Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the cause(s) end menner es stated.
2 Medicat Examiner: On the basis of examination and/or Investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29c. License number

REVOLUTION

SIRVET

Registrar

703 DR KAMRUDIC MANI 32. Registrer's Signeture

Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

5 Pending Investigation

6 Could not be determined

Man MD

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

1 Neturel

3 ☐ Suicide

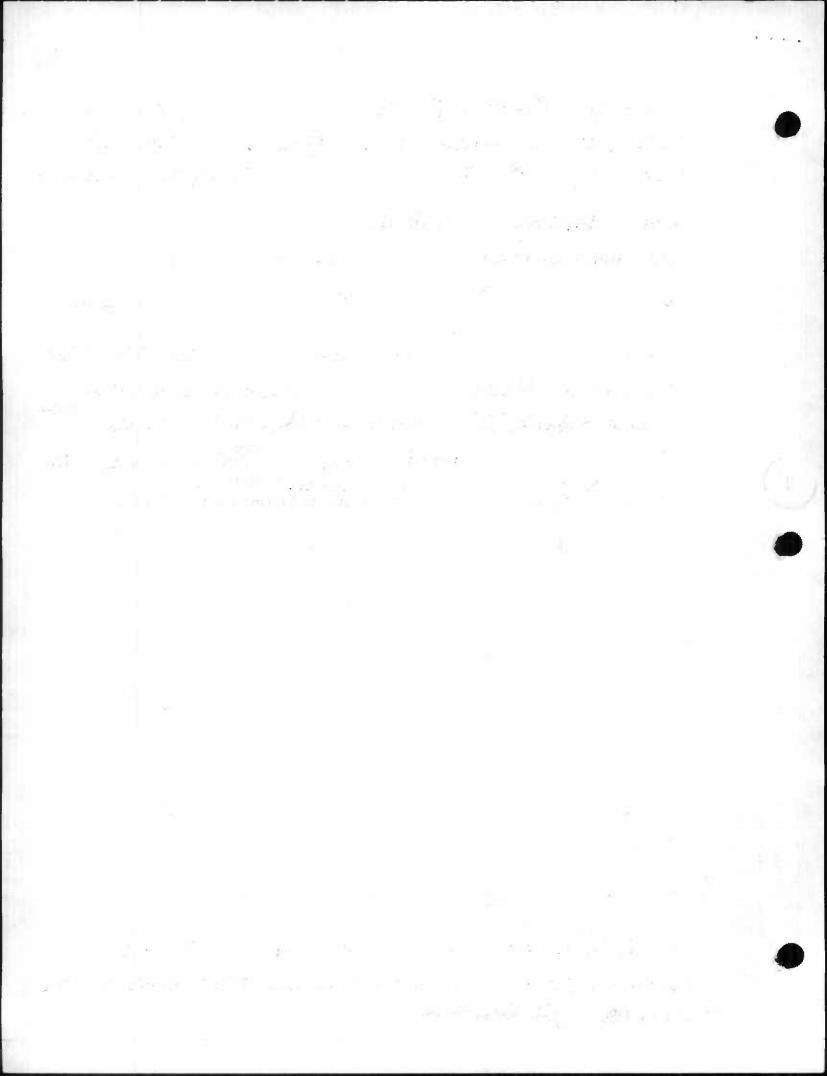
4 | Homicide

(Check only one)

29b. Signature and title of certifier

31. Dete filed (Month, Day, Year) JUL 11 1996

2 ☐ Accident



BALTIMORE, MARYLAND 21215-0020

RECORDS, P.O. BOX 68760

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DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	Affer 1	eath	mar
TEND	JERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.	o July	8 is
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TAL C	ML D	22 120	=
HOSPI	UNER	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	TANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
- Paris	-	36	-

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR 5:25 bomAS 5 U 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 086-09-2871 78 DAYS 1 X M 2 - F HOURS 3/9/1918 NEW YORK, NEW YORK Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH KESWICK NURSING HOME BALTIMORE BALTIMORE, CITY DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE, CITY BALTIMORE 1XXYES 2 NO FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2800 WEST GARRISON AVENUE 21215 U.S.A. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WARTOR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yea, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS RACE — American Indien, Black, White, etc. 1 Never Merried 2 Merried 3 Widowed 4 Divorced BY Specify: BLACK WORLD WAR 2 16a. DECEDENT'S USUAL OCCUPATION

The land of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12 UNKNOWN U UNKNOWN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname, UNKNOWN BE ANNE O'LOUGHLIN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ORETTA LEE (DAUGHTER) 2800 WEST GARRISON AVENUE BALTIMORE, MAERLAND 21215 20e. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of Buriel 2 Cremation 3 Removal from State GARRISON FOREST Donetion 5 Other (Specify) 7/11/96 OWINGS MILLS. MARYLAND 21. SIGNATURE OF POWERAL SERVICE LICENSEI 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL HOME PA. 1300 FUTAW PLACE BALTIMORE, MARYLAND 21217 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition_ DUE TO (OR AS A COME resulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentially liet conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initieted events resulting in deeth) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 14-NO OF DEATH? 1 - YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | UNCERTAIN | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE DF DEATH (Check only one) HOSPITAL. OTHER:
4 Paursing Home 5 Residence 8 Other (Specify) 1 - YES 2 - NO 1 Inpetient 2 ER/Outpetient 3 I DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO COMPLETED BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, tectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the time, date end place, and due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(s) end menner as stated. 1986. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 55 OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 40 th 700 57. Baltimore Md.

THE FUNERAL I

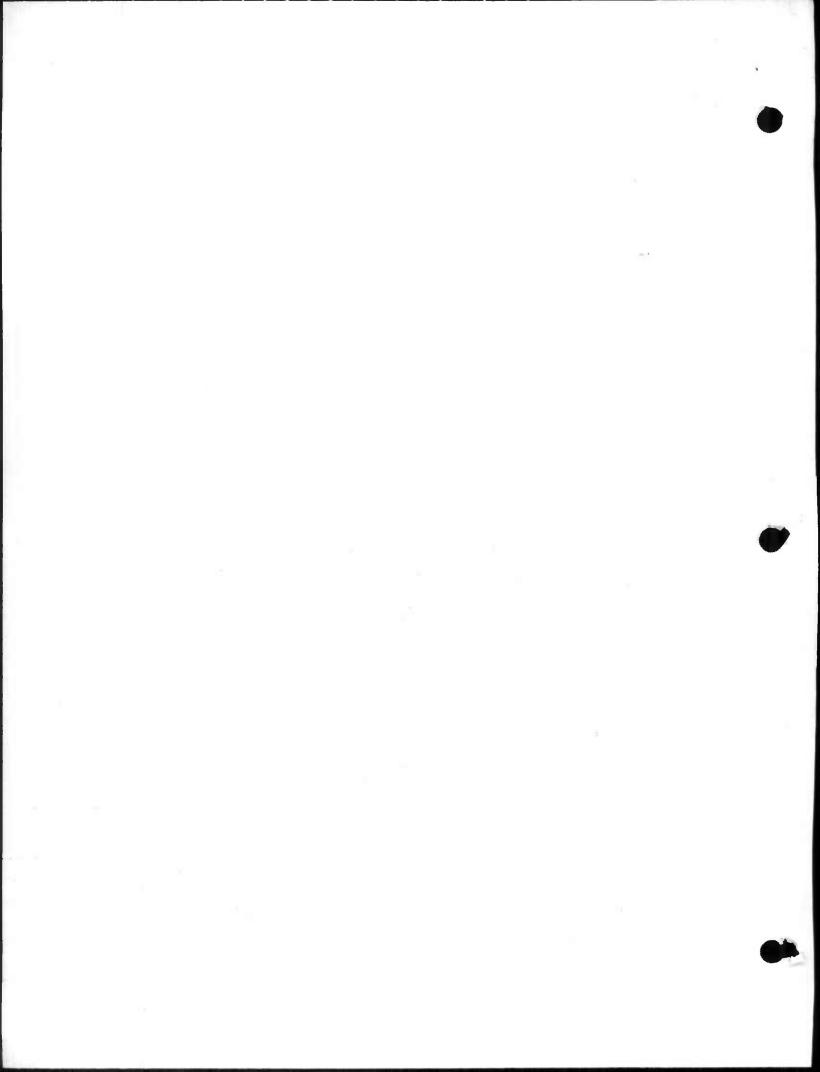
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31. DATE FILED (Month, Day, Year)

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John Davidson-Rangulle



			Certificate of		Reg. No	20 20042
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neral	Johns Hopkins Ba 5. Social Sacurity Number 6. Sep	7. Age (In yrs. lest I	oirthday) If Undar 1 Yaa	Hours Min.	Date of Birth (Month, Dev. Year)	9. Birthplaca (State or Foreign
ector	220-74-9198 Usuel Residence of Decedent	IM 2□F 40	Yrs.	Ju	ine 29, 19	956 Maryland
al, or items 23a or 28a-t show Examinet must be notified at by Funeral Director	10e. Stata 10b. County	10c. City, To	wn or Location	36		10d. Inside City Limits
	Maryland N/A	Balt	imore			1 🖺 Yas 2 🗆 No
	10e. Street and Number		10f. Zip Code		10g. Citi	izan of What Country?
era!	427 N. Rose Stree			21224		U.S.A.
by Funeral	1 Never Married 2 Married	12. Wes Decedent Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yes, Give Yeer or Datas:	If Yes, specify Cul	Hispanic Origin? (Specification, Mexican, Puerto Rice) Specify:	y vas or No-	14. Race - Amarican Indian, Bieck, White, etc. Specify: White
edical Exp	15. Decedent's Edu	100 110 0000	e. Decedent's Usuel Occu	upetion	16b. Ki	ind of Business/Industry
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event, me.M Be Comp	12		Security Gu			armaceutical
Be	17. Fether's Neme (First, Middle, Last) Thomas Patterson			18. Mother's Name (F		Sumeme)
traumatic event, in	19e. Informent's Neme/Reletionship (Ty	ne Print) 19	9b. Mailing Address (Stree			or Town State Zin Code)
or other trau	Ronald Patterson,		07 N. Decker			
ete	20e. Method of Disposition		of Disposition (Neme of ary, crematory or other plants	ace)	Data 20c. Lo	ocation - City or Town, Stata
lo Au	1 Buriel 2 ☐ Cremetion 3 ☐ R 4 ☐ Donetlon 5 ☐ Othar (Specify)	amoval from Stata	Lawn Cemete		10-96 Balt	timore, Md.
any injury or c	21. Signetura of Euneral Service License	9	22. Name and Addr			
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ses the buriel-trensit Addical Examiner	Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Last	bua to (or es a	a consequence of): a consequence of): a consequence of):	ti.		6 mes
Physician/M				1		
be deteched f	Pert II. Other significant conditions con	ributing to death but not resulting	in the underlying cause g	ivan in Part I.	23b. Did tobacco	use contribute to the cause of death
y Ph					1 ☐ Yes 2	No 3□ Probably 4□ Unknow
should					24e. Wes an eutoperformed?	24b. Wera autopsy findings availabla prior to completion of cause of daeth?
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rector, pe	25. Was case referred to medical			26. Place of Deeth (C		
0 2	TEL TOS ZPELNO	ospitei: Inpatient 2 ER/C	Outpatient 3 DOA	ther: 4 Nursing Home	5 Residenca	6 □Other (Specify)
funera tlon:	27. Manner of Deeth ↑ Natural 5 Pending	28e. Deta of Injury (Month, Dey Year) 28b		ork?	I. Describe how injur	ry occurred
in by the	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	28e. Plece of Injury - At home, building, etc. (Specify)		Yas 2 No 28f.	Location (Street an City or Town, Stete	nd Number or Rural Route Number,
completely filled in by the funeral Medical Certification: 1	(Check only 2 Medical Examin	clan: To the best of my knowledger: On the besis of axamination a	ge, daath occurred et the t	Ime, dete end plece, end opinion, death occurred o	dua to the cause(s)	end menner as stated. I plece, and dua to tha causa(s)
Med	one) 29b. Signatura and title of certifiér	end manner stated.		sa number		te signed (Month, Day, Year)
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	X HAVY	/ M D		006	3019	1/17.10
	30. Name and eddress of person who con	ripleted cause of daeth (flam 23a) (Type, Print)		MA	1
)	30. Name and eddress of person who co	D Johns Hop	KINS B	Ry VIew	Medical	Cent -

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96-3706-005 CMK Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEMS: 23 PART I, 27,28a-f, State of Maryland / Department of Health and Mental Hygiene Q PER MEO FILM G-737 7/12/96 t.t Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Daeth Month **Physician** Yaar PATRICK **PANGBORN** JULY 04. 1996 0243AM /Medical 4a. Facility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Deeth Examiner 4c. County of Death FRANKLIN SQUARE HOSPITAL E.R. ESSEX BALTIMORE COUNTY 5. Social Sacurity Number if Under 1 Yaar If Under 24 Hrs. 7. Aga (In yrs. lest birthday) 8. Data of Birth (Month, Day, Yaar) NARCH 17, 1966 Birthplace (State or Foreign Country) **Funeral** M 2□ F Days Hours 216 76 7217 Yrs. 30 Director MARYLADO Usual Residance of Decedant the Maryland 10a. Stata Show 10b. County 10c. City. Town or Location 10d. Inside City Limits an "natural", or items 23a or 28a-f show Medical Examiner must be notified at Director 1 ☐ Yes 2 No BALLIMORS MARYLAM 10a Street and Number 10f. Zip Coda 10g. Citizen of What Country? 33 12AKW000 DURT Funeral 21234 U-S.A 12. Was Dacadent Evar in U,S.
Armed Forcas?
1 ☐ Yas 28 No
If Yas, Giva 11. Maritel Status Was Decedant of Hispanic Origin? (Spacify Yes or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) Race - Amarican Indian, Black, Whita, atc. hours after Navar Married 2 Marriad 21215-0020 1 ☐ Yas ZNo Specify: p 3 ☐ Widowed 4 ☐ Divorcad Specify: WHITE Year or Dates: Completed 15. Dacadant's Education (Specify only highast grada complated) 16a. Dacedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) Pages 1 and 2 should be filed within 72 hann of Health and Mental Hygiene.
ant: If Itam 27 Is marked other than "natury or other traumatic evant, "In Medical 16b. Kind of Businass/Industry Collaga (1-4or 5+) Elamantary/Secondary (0-12) CARPENTER Construction 12 Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Surname) Be Schwisnieck MANGBORN 2 DWIGHT W-19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, Steta, Zip Coda) 3134 19a. Informant's Name/Ralationship (Typa, Print) MARKVILLE, MARYLAND EVA M. PANGBORN 3013 ARIZONA AVS 20a. Mathod of Disposition 20b. Place of Disposition (Name of cematery, cramatory or other place) JUN 8TH 20c. Location - City or Town, Steta permit. Pages 1
Department of H
Important: If Ita
any Injury or ot Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Taisans JASTAN KENA 4 ☐ Donation 5 ☐ Othar (Spacify) 1339 limorior 22. Nama and Address of Facility SVANS CHARLOF eture of Funeral Service Ligs Emories 8800 HARFORD RODO Baroa 23a. Part1. Enter the disease, or complications in at caused the death. Do not anter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batwe Physician Onsat and Deeth /Medical Immediate Ceusa (Final diseese or condition rasulting in daath) NARCOTIC AND ALCOHOL INTOXICATION Examiner Dua to (or as a consequence of) Examiner Sequantially list conditions, if any, laading to immadiate causa. Entar Undarlying Causa (Disaasa or injury that initiated avants rasulting in daath) Last burial-trar Dua to (or es e consequance of): ed by the attending physician detached for use as the buria The law requires that the death certificate be Physiclan/Medical Dua to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown à 8 should I Completed 24b. Wara autopsy findings evailable prior to 24a. Was an autopsy complation of causa of daath? 1 Yes 2 □ No 1 ☑Yas 2 □ No or Attending Physician: Be 25. Was casa rafarrad to medicel examinar? 26. Placa of Daath (Check only ona) Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) ٩ 1⊠ Yas 2□ No 1 ☐ Inpatient 2 X ER/Outpatient 3 ☐ DOA this 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: After 5 Panding invastigation 1 Natural s after death. 1 ☐ Yas 2 No UNKNOWN 2 ☐ Accident 7-4-96 1:47 To the Hospira. within 24 hours after de To the Furneral Direct 3 Suicida 28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

Box 68760. Division of Vital Records, P.O.

6XX Could not be 4 Homicide

28f. Location (Straat and Number or Rural Routa Number, City or Town, State) 33 TEAKWOOD, P O BOX 10267 PARKVILLE, BALTIMORE CO., MD

JULY 04, 1996

(Check only one) 29b. Signature and title of certifier

31. Data filed (Month, Day, Yea

29a. Cartifiai

1 Certifying Physician: To the best of my knowledge, daath occurred et tha tima, date and place, and due to the ceuse(s) and manner es steted.

2 Medical Examinar: On the basis of axaminetion end/or invastigation, in my opinion, deeth occurred at the tima, date and place, end due to the cause(s) and manner stated.

FOUND: HOME!

29c. License number 29d. Data signed (Month, Dey, Year)

O.C.M.E.

30. Nama and address of person who completed ceusa of death (Itam 23a) (Type, Print)

State Registrar

Medicai

A Red Tara Signar

Penn Street, Baltimore, Maryland 21201

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Data of Death **Physician** July 2^{Dey} 1996 MAY 10:30 PM **EUGENIA** PAUL /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 2116 Eastridge Rd. Timonium Baltimore | Hunder 1 Year | Hunder 24 Hrs. | 8. Date of Birth (Month, Day, Year) | 933 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 9. Birthplece (State or Foreign **Funeral** 1 M 2 F Texas 451-52-3958 62 Yrs. Director Usuel Residence of Decedant with the Merylend 10e State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show 7 is marked other than "natural", or items 23a or 28a-f shov traumatic event, the Modical Examiner must be inclifted at 1√2 Yes 2 □ No Director Baltimore Timonium 10e. Street and Number 10f. Zlp Code 10g. Citizan of What Country? 21093 permit. Peges 1 end 2 should be filed within 72 hours after deeth v Department of Health end Mentel Hygiene. The process important: If Item 27 is marked other than "natural", or items 23a eny injury or other traumatic event, the Medical Experience once. 2116 Eastridge Rd. USA Funeral 12. Was Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ဩ No if Yes, Give Yeer or Detes: 14. Race - American Indien, Bleck, White, etc. Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 11. Marital Status 1 Never Marriad 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Educetion (Specify only highest grade complated) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondery (0-12) Homemaker Own Home 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Sumema) Gerald Newcombe Kathleen Anthony 19e. Informent's Neme/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) Dietrich A. Paul 2116 Eastridge Rd., Timonium, MD 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 Cremetion 3 ☐ Removal from State 4 □ Donetion 5 □ Other (Specify) Green Mount Crematory 7/5/96 Baltimore, MD 21. Signeture of Furleral Service Licensee 22. Name and Address of Facility
ALTENBURG FUNERAL HOME, P.A. 6009 Harford Rd., Baltimore, MD 21214 Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, ck, or heart failure. Ust only one cause on each line Approximete intervel Between Onset end Death **Physician** /Medical tmmediete Causa (Finel lous disaase or condition resulting in daath) Examiner Due to (or es e consequence of Physician/Medical Examiner burial-transit Sequentielly list conditions, if any, leeding to Immadiate ceuse. Enter Underlying Cause (Diseese or Injury that initieted avants rasulting in deeth) Lest Dua to (or as a consequence of): physician Box 6876 the Due to (or as a consequence of) Part II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Ware eutopsy findings eveileble prior to completion of ceuse of daeth? 24e. Wes en eutopsy performed? Completed peeu hes 201 No certificate To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certifica completely filled in by the funeral director, 25. Wes cese rafarrad to medicel examiner? Be 26. Pleca of Daath (Check only one) Othar: 4 ☐ Nursing Homa 5 Rasidance 6 ☐ Other (Specify) 1 Yes 2 No Certification: To 1 Inpatiant 2 ER/Outpetient 3 DOA 27. Manner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. injury et Work? 28d. Dascribe how injury occurred 1 Naturel 5 Pending 1 Yes 2 No 2 Accidant investigation 6 Could not be detarmined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 - Homicida 1 Certifying Physicien: To the best of my knowledge, death occurred et the time, data end place, end due to the ceuse(s) end mannar es steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) and mannar stated. 29a. Cartifier Medical (Check only one) 29b. Signetura end title of certifier 29c. Licensa number 29d. Date signed (Month, Day, Year) 30. Name and eddress of person who completed ceusa of daath (Item 23a) (Type, Print) Futherville, M.D. 21093 york Rd MATILDA 31. Deta filed (Month, Dey, Year) 32 Augistrar's Signature State JUL 11 1996

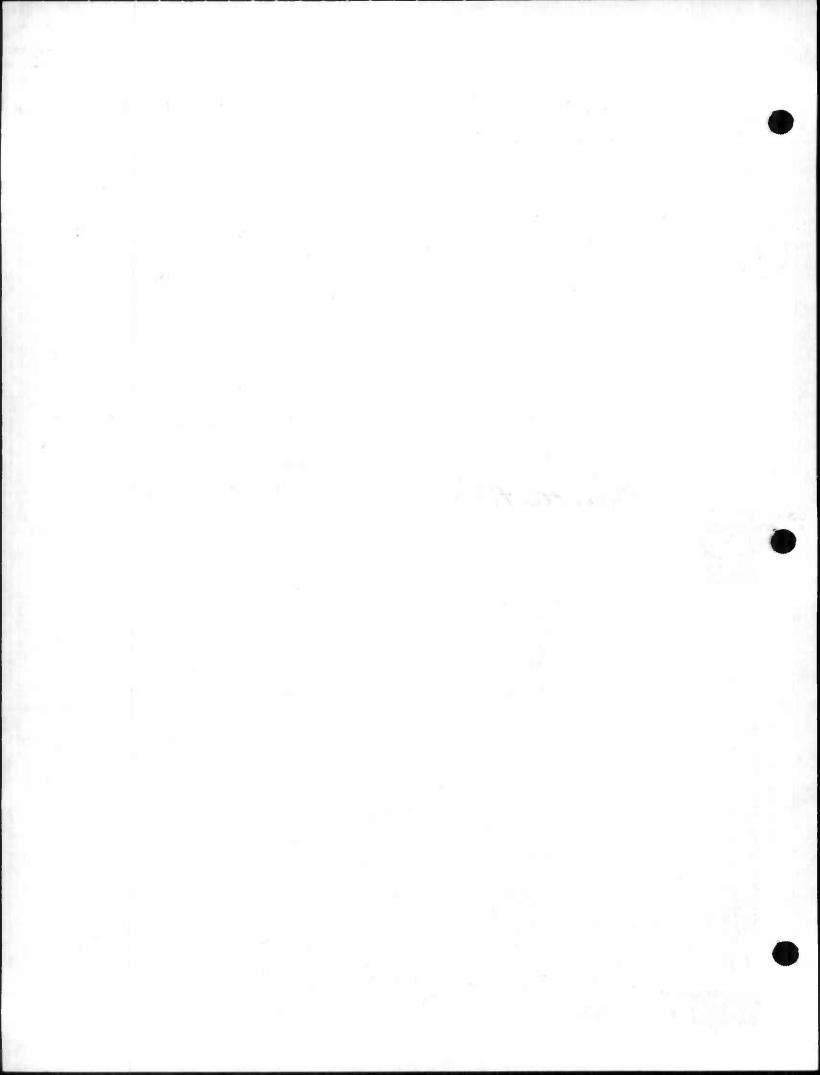
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Registrar

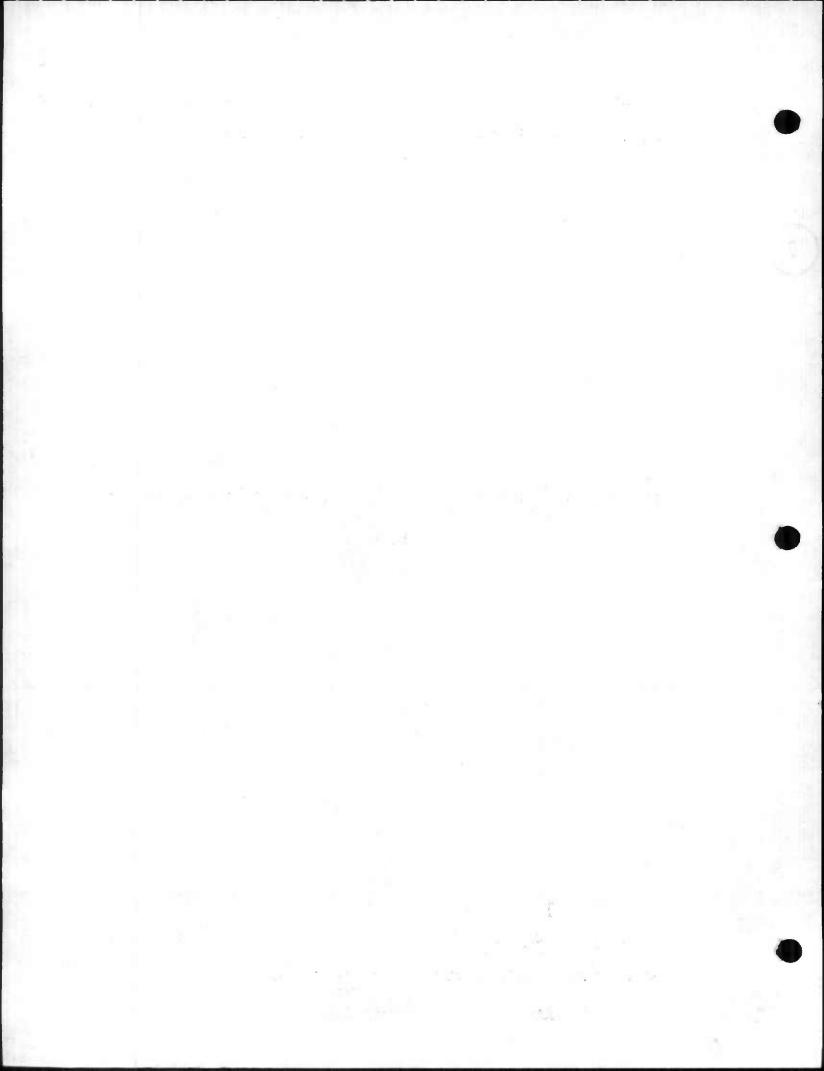
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		Decedent's Name (First, Middle, Last	Certificate of		Reg. No.
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xaminer		ta. Fecility Neme (If not institution, give		4b. City, Town, or Location of BALTIMORE	of Deeth 4c. County of Death
neral ector		210 32 1043	ex	r If Under 24 Hrs. 8, Date	e of Birth hoth, Day, Year) Y 19,1934 9. Birthplace (State or Foreign Country) BALTIMORE, MI
14	- 1-	Usual Residenca of Decedent 10a. Stete 10b. County	10c. City, Town or Location		10d. Inside City Llmits
28a-1 show	2		/a BALTIMOR	E	1 X ¥es 2 □ No
at be n	2	10e. Street end Number 3820 W. CO	LD SPRING APT. 3 10f. Zip Code	21215	10g. Citizen of Whet Country? UNITED STATES
Examiner must be notified by Funeral Director	2	11. Maritel Stetus 1 □ Never Married 2 ☒ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes _ 3☐ No If Yes, Give' Year or Detes: 13. Was Decedent of if Yes, specify Cub If Yes, Sive' Year or Detes:	Hispenic Origin? (Specify Yeban, Mexican, Puerto Rican, e Specify:	s or No- etc.) 14. Raca - American Indien, Bleck, White, etc. Specify: BLACK
rt, the Medical Completed	non-pletter.	15. Decedent's Ed (Specify only highest grad Elemantary/Secondary (0-12) 9 th	ucation de completed) Collaga (1-4or 5+) - 16e. Decedent's Usuel Occu (Giva kind of work done lifta. DO NOT use retires LABORER	upetion e during most of working ed)	16b. Kind of Business/Industry SINAI HOSPITAL
ave a		7. Fathar's Neme (First, Middle, Last) ROBERT MA	RTIN	18. Mother's Neme (First, ESTELLE	Middle, Malden Surname)
traumatic eve		19a. Informant's Neme/Relationship (7	Type, Print) 19b. Mailing Addrass (Street	1	D Number, City or Town, Stata, Zip Code)
her tra		PRISCILLA	HELEN MITCHELL 2433 E.	FEDERAL	ST., BALTIMORE, MD
ary or other tr	1	20a. Mathod of Disposition 1 □ XB Xria1 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specify	20b. Plece of Disposition (Name of cemetery, cremetory or other plate) BALTIMORE CE	ACA) Deta METERY 7-1	
any Inju		21. Signeture of Funer Service Licens	see 22. Name end Addre	ress of Facility	
	+	23a Pert Enter the disease or comp	() Times	MARCHE H11	
cian lical iner		shock, or heart failure. List only of mmediate Ceuse (Finel disease or condition rasulting in deeth)	olications that ceused the death. Do not enter the mode of dylona ceuse on each line.		etory errest, Approximete Intervel Between Onset end Deeth
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s the buriel-transit		Sequentielly list conditions, for eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	Due to (or es e consequenca of):		
edical		cause. Enter Underlying Cause (Diseese or injury that initiated events resulting In death) Lest	CDue to (or es e consequence of):		
65			d		
Physician/M	F	art II. Other significent conditions co	ntributing to death but not resulting in the underlying cause gi	iven in Pert I. 23	b. Did tobacco use contribute to the cause of death?
datect y Phy		Squan	ions Cell lung (cancer	1 Yes 2 No 3 Probably 4 Unknown
page 2 should be dateched for usa	-	0		246	e. Wes en eutopsy performed? 24b. Were eutopsy findings eveilable prior to complation of cause of death?
irector, page 2 s					1 □ Yes 2 □ No 1 □ Yes 2 □ No
To Be	2	5. Was case referred to medical axeminer?	Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA	26. Pleca of Daath (Check	k only one) ☐ Residence 6 ☐ Other (Specify)
tion: 1		7. Manner of Deeth 1 ☑ Netural 5 ☐ Panding 2 ☐ Accident investigation	28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury Wo		scribe how injury occurred
		3 Suicide 6 Could not be determined	28e. Pleca of Injury - Al home, ferm, street, fectory, office building, atc. (Specify)	28f. Loc City	ation (Street and Number or Rural Routa Number, or Town, Stata)
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etely filled in by the funers dical Certification:		9a. Certifier 1 Certifying Phy (Check only one) 2 Medicat Exami	elcian: To the best of my knowledge, deeth occurred et the till iner: On the basis of axaminetion and/or investigation, in my control manufact stated.	ime, deta end plece, end due opinion, deeth occurrad et the	to the cause(s) end menner as stated. e time, dete end place, end due to tha cause(s)
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DHMH 16 Rev 6/95



Physician /Medical		1. Decedent's Name (First, Middla, Last)			2. Date of De	2. Date of Death July 3, Day 1995 3. Time of 5:49				
Examiner		a. Fecility Name (If not institution, giv. Maryland Genera	astreet end number) al Hospital			4b. City, Town, or Baltimor		h 4c. County NA	of Death	
uneral rector		3. Social Security Number 6. S 217-22-3269 Jsuel Residence of Decedent	ex 7. Age (In yrs. la	st birthdey) If Und Month	er 1 Year s Days			th ay, Year) 27, 1928	9. Birthplace Country)	(Stete or Forai
nust be notified at eral Director	1	Oa. State 10b. County		Town or Location						nside City Limi
	1	10e. Street end Number 10f. Zip Code					10g. Citizen of	What Country?		
		301 Mc Mech.	en Street		2121	/		4	· S.A	
Examiner must by Funeral		Marital Status Never Married 2 Married Widowed 4 □ Divorced	12. Was Decedent Ever in U,S Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	If Yes, sp	edent of I ecify Cub 2 No	Hispanlc Origin? (lan, Mexican, Puel Specify:	Specify Yes or No to Rican, etc.)	Specif	ce - American Ir ck, White, etc. y: Blace	
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aumatic ever		7. Fether's Name (First, Middla, Last) Robert Roberts un				18. Mother's Na	me (First, Middle	, Maidan Suman	ne)	
	- 1	19a. Informant's Name/Relationship (7		19b. Mailing Addre	ss (Street	end Number or F	1 -	,		(a)
other tr	2	Carol D. Battle Oa. Method of Disposition	- Daughter 20b. Pla	ce of Disposition (N	ama of	e Cour	Date Date	20c Location	City or Town,	State
y or o	-	1 ABurial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Removal from State	metery, cramatory or		ca)	7-12-96	A-no	Only of Town,	/ /
any injury or one once.	2	21. Signature of Funeral Service Licen		22. Name :	and Addre	ess of Facility		MANNE 1	Anurae	1 (0, 44
	1	23a. Part1. Enter the disease, or comp shock, or heart failure. List only of	dicetions that caused the death.	Do not enter the mo	ode of dyl	ng, such as cardia	4300 W		App	roximate
cian dical niner	1	mmediate Cause (Final disease or condition esulting in death)	Arrhythmia							rval Between set and Death
Je.			Due to (or e	es e consequence of):					
s the bunel-transit	SH 00	Sequentially list conditions, any, leading to immediate euse. Enter Underlying cause (Diseese or Injury	b. Due to (or e	es e consequence of):					
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State of Maryland / Department of Health and Mental Hygiene 9 6 20554 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Year RUSEMARY ROCHKIND 800 Am 04 JULY 1996 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth **Examiner** If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Deys Hours Min. (Month, Dey, Year) HOSPITAL GOOD SAMARITAN 5. Sociel Security Number 6. Sax 7. Age (In yrs. lest birthday) 9. Birthplaca (State or Foreign Country)

ARYLANO **Funeral** 1□M 280 F AIA 50 0098
Usuel Residence of Decedent Director 10e. Stata 10b. County 10c. City, Town or Location 10d. Inside City I Imits 28a-f show Item 27 is marked other than "naturel", or items 23a or 28a-f sho other traumatic event, the Madical Examiner must be nothed at 1 ☐ Yes AR No Director MARYLAM BALTIMORS Cockexsville 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? BYRON U.S.A 305 LORD LANS 21030 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxicen, Puerto Rican, etc.) 11. Maritel Stetus 14. Race - American Indien, Black, Whita, atc. 1 Yas 28 If Yes, Give Yeer or Detes: 1 Nevar Married 2 Married 28 No Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: ρ WHITS 3 ☐ Widowed 4 € Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry pemit. Pages 1 and 2 should be liled within Department of Health and Mental Hygiene. Important: If Item 27 is marked other than any injury or other traumatic avent Elementery/Secondery (0-12) College (1-4or 5+) Aero SPACE IYRS. Electronic Tester 127RS. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surnema) Be Rox FLANAGAN MARY LEPPO EUBENE I 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) KocHKino SHAWA 5 SILVERSALE CT. HUNT VALLEY MARYLAND SIGGO 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete 1996 BALTIMOR PARLAND BOIAMBITHUD 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility
EVAN CHAPLOF CHIME
2325 YORK ROPO - TINONIV 21. Signature of Funeral Service Licenses 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximata Intervel Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Final HYPOTENSION 30 MIN diseese or condition resulting in deeth) Examiner Due to (or es a consequence of): SEPS15 attending physician and for use as the burial-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events rasulting in deeth) Lest Due to (or es e consequenca of): Box 68760, IMMUND SUPPLESSION Physician/Medical Dua to (or as a consequence of) P.O. | Pert II. Other significant conditions contributing to death but not rasulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Inknown LUPUS GRYTHE MATOSIS Records, ģ 2 24b. Were autopsy findings evalleble prior to completion of cause of death? Be Completed 24e. Wes en eutopsy performed? MYDCARDIAL INFARCTION After this certificate has PALMUNARY ASPERSICIOSIS 1 ☐ Yes 2 ₺ No 1 □ Yas 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifics completely filled in by the funeral director, 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 27. Menner of Deeth 1 Dentural 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how Injury occurred Certification: 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, fectory, office building, atc. (Specify) 4 ☐ Homicide 1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, dete end place, and due to the ceuse(s) and menner as stated.

2 Medical Examiner: On the bests of exemination end/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the ceuse(s) end mennar stated. Medical 29a, Certifian 29b. Signature and title of certifian 29c. Licanse number 29d. Date signed (Month, Day, Year) >)aproxiboating MD RESIDENT-INT MED 30. Neme and eddress of person who completed cause of deeth (Item 23a) (Type, Print) JOSEPH BOATENG MD GOOD SAMARITAN HOSP LOCH LANGON BLUD, BALTIMORE MO, 21239

32. Registrer's Signature

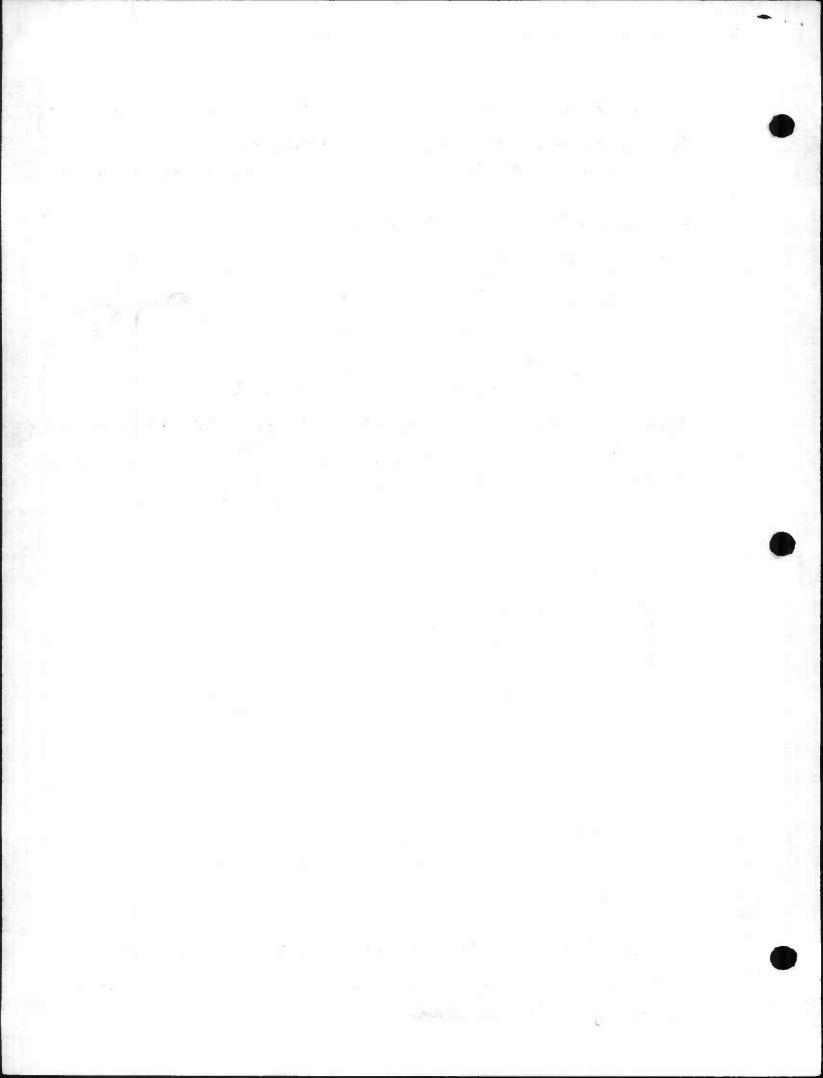
DHMH 16 Rev 6/95

State

Registrar

31. Dete filed (Month, Day, Year)

JUL 11 1996



State of Maryland / Department of Health and Mental Hygiene Q 5 20555

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	Discoster.		1. Decedant's Name (First, Middla, Las	st)					2. Data of De Month	ath	Vaar	3. Tima of Dea
	Physic /Medi		Margaret	L. Rada	uskas				Moriting -	_ (<i>O</i> —	96	014
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	Funeral Director		216-05-5554	ex 7. Aga	(In yrs. last bii	Yrs. If Un	der 1 Year hs Days		fin. 8. Date of Bir (Month, Date of Bir (Oct. 9)	th ly, Year) 1913	9. Birthp Cour Ma	placa (State or For ntry) aryland
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0700-01717	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any fujury or other traumatic event, im Modical Examinat must be notlined at once.	by Funeral	1 Nevar Married 2 Married 3 XWidowed 4 Divorced	Armed Forces? 1 Yas 2 No If Yas, Give Year or Dates:			specify Cut		(Spacify Yas or No Jerto Rican, atc.)	Bian Specifi	ck, Whita,	
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Ĕ	Pag nent int: H		1 ☑ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Spacify			ine Par			7/12	Woodlav	√n. M	aryland
ballimore,	pemit. Departri Imports any inju		21. Signature of Funeral Sarvice Licen	sae	/	22. Nama	and Addr	ass of Facility				
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ŧ.	Physician		snock, or haam failure. List only								į	Onset and Death
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	thet the deeth cei ed by the attendir detached for use	Physician/N	Part fl. Other significant conditions co	entributing to death but	not rasulting l	n tha undarivin	o causa o	iven in Part f.	23b. Dld	tobacco use co	ntribute t	o the cause of de
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DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 20556 Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Dete of Deeth Month CHARLES RUTTER 8:24 Pu July 4a Facility Neme (If not institution, give street and number) 40 City, Town, or Location of Deeth Caudall Power Klork wegt Ballen aule. If Under 1 Yaar If Under 24 Hrs. 5. Sociel Security Number 6. Sax Aga (In yrs. last birthdey) Birthpleca (Stata or Foraign Country) Deys Hours Months 1₩ M 2□ F 87 216-01-9641A Maryland Usuel Rasidenca of Decedent 10b. County 10c. City, Town or Location 10d. insida City Limits 1 Yes 2 No Maryland Baltimore Rockdale 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 8341 Mindale Circle Apt. F United States

14. Race - American Indien,
Bleck, White, etc. 21244 12. Wes Decedent Ever in U.S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 Navar Marriad 2 Married I ☐ Yas 2 🛣 No If Yes, Give Yeer or Detes: 1 Yes 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 18a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elamentery/Secondery (0-12) College (1-4or 5+)

Supervisor

Physician /Medical

Physician

/Medical

Examiner

10e. Stete

12th grade

17. Fether's Neme (First, Middle, Last)

Director

Funeral

P

Completed

Funeral

Director

tem 27 le merked other then "natural", or items 23a or 28a-f show other traumatic event, the Madical Examinal musico nothing all

permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health end Mental Hygiene. Important: If Item 27 le merked other then "natural", or iten any Injury or other traumatic event, the Medical Exeminations.

Maryland 21215-0020

Baltimore,

Box 68760.

P.0.

Division of Vital Records,

the Marylend

Examiner

Examiner physician end s the buriel-transit Physician/Medical signed by t by Completed To the Hospital or Attending Physicien: within 24 hours efter death.

To the Funerel Director: After this certifica completely filled in by the funeral director, t Be 2 Certification:

9SU

certificate

Be Edward Rutter Clara Kemp 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Coda) Baltimore, MD Mrs. Mary Rutter 8341 Mindale Circle Apt. F Wife 20b. Piece of Disposition (Neme of cematary, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State Buriei 2 Cremetion 3 Ramovei from Stata 4 Donetion 5 Other (Specify) Druid Ridge Cemetery 7/12/96 Pikesville, MD 21. Signature of Funeral Sarvice Licansee 22. Name and Address of Fecility Loring Byers Funeral Directors, Inc. ance o 8728 Liberty Road Randallstown, MD 23a. Part1. Enter the disease, or complications that caused the beeth. Do not antar tha mode of dying, such as cardiac or respiratory arrest, those of heart feiture. List only one cause on each line. Immediate Cause (Final PNEUMONIA diseese or condition resulting in deeth) Due to (or as a consequence of): Sequentielly list conditions, if ery, leading to immediate cause. Entar Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of): Due to (or es e consequance of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. WA ATRIAL FLUTTER PULMON ARY 1 ☐ Yes 2 ☐ No 25. Wes casa reterred to medical examiner?

1 Yes 2 No 28. Place of Deeth (Check only one) Hospital: 1 Department 2 ER/Outpatient 3 DOA 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. injury et Work? 1 Neturei 5 Pending investigation 1 Yes 2 No 2 Accidant 6 Could not be datermined 3 Suicide 28e. Plece of Injury - At home, term, street, fectory, office building, etc. (Specify) 28t. Location (Street end Number or Rural Routa Number, City or Town, Stete) 4 Homicide 29e, Cartifier 🗠 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the cause(s) end mannar as stated. (Check only one) 2 Medical Examiner: On the basis of axamination end/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) end manner stated.

23b. Did tobacco use contribute to the cause of death?

Western Electric Co.

21133

Approximete Interval Betwaen Onset end Death

5 DAYP

1 Yes 2 No 3 Probably 4 Noknown

24e. Wes an eutopsy performed?

24b. Wera eutopsy tindings aveilable prior to completion of cause of death?

1 ☐ Yes 20 No

her:	4□ Nursing H	oma 5	Rasidan	ce 6 🗆	Other	(Spe

18. Mother's Neme (First, Middle, Meiden Sumeme)

ecity) 28d. Describe how injury occurred

29c. License number

u.D. 30. Nema and addre

D44505

of person who completed cause of deeth (item 23a) (Type, Print) IMPERIAL

- Northers Hasp.

State Registrar

Medical

31. Dete flied (Mortin, Dey, Year)

29b. Signeture and titla # 00

32. Registrer's Signeture Lie Daviden-Randelle

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 20557 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Daath 3. Time of Death Wanda Randall (GLORIA) **Physician** 08:00 44. /Medical 4a. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** BALTIMORE BALTIMORE

If Undar 24 Hrs. 8. Deta of Birth
Hours Min. (Month, Day, Year) JOHNS HOPKINS HOSPITAL 5. Social Security Number If Under 1 Yeer 7. Age (In yrs. last birthdey) Birthplaca (Stata or Foreign Country) **Funeral** Deys 218-26-6377 Usuai Rasidance of Decedant 1 M 2 KF Months Director with the Meryland 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Expinion mant be notified at 10d. Insida City Limits BALTIMORE 1 XYas 2□No Director BALTIMORE 10e. Street and Number 10f. Zlp Coda 10g. Citizan of What Country? 2751 USA. MOSHER STREET Funeral death 13. Wes Decedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Pueno Rican, etc.) 12. Wes Decedant Evar In U,S. Armed Forces? 14. Rece - American Indian, Black, Whife, atc. 11. Marltal Stetus 1 ☐ Yas 2 No 1 Nevar Married 2 Merriad Baffimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: BLACK à 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation
(Giva kind of work dona during most of working
life. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry permit. Pages 1 end 2 should be filed within Department of Haaith end Mentel Hygiane. Important: If item 27 is marked other than any injury or other traumatic event, the Ma Elementary/Secondary (0-1 8 +# GRADE mentary/Secondary (0-12) College (1-4or 5+) HOUSEWIFE OWN 17. Fathar's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Be SR, JOHN LEE BEATRICE WHITE 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) 659 STIRLING STREET BALTIHORE, MD, 2/202
toe of Disposition (Nama of Date 20c. Location City or Town, State JR. JOHN LEG 20b. Place of Disposition (Nama of cemetery, cremetory or other place) 20a. Mathod of Disposition
1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramoval from Stete RBUTUS CEMETERY 7-11-96 ARBUTUS, MARYLAND 4 Donation 5 Othar (Specify) 21. Signature of Fulgaral Sarvice Licensee 22. Nema end Address of Facility JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 23a. Part1. Enfer the disaese, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate

Approximate Approximate Interval Batween Onsat and Death **Physician** /Medical Immedieta Causa (Final DNeumonia 96 hours diseasa or condition rasulting in death) Examiner Due to (or as a consequence of) 48 hours SCD SiS physicien and s the burial-transit Sequentielly list conditions, if any, leading to immadiate causa. Enter Underlying Cause (Disease or Injury that initiated evants rasulting in deeth) Last Dua to (or as a consequance of): Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or es e consequence of) 88 attending Pert II. Other significant conditions confributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown metastatic breast cancer à 24b. Wara autopsy findings evellabla prior to complation of cause of death? Completed 24a. Wes an eutopsy performed? certificate 1 Yas 2 No 1 Yes 2 No 25. Was casa referred to medical axaminar? Be 26. Piece of Death (Check only ona) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) 1 Yes 2 No this To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Netural 2 Accident 5 Pending invastigation 1 ☐ Yas 2 ☐ No 6 Could not be determined 3 Suicide Location (Street and Number or Rural Routa Number, City or Town, Stata) Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 ☐ Homicida 1 Certifying Physician: To tha best of my knowledge, daath occurred at the tima, data and place, and dua to tha cause(s) and mannar as stated.
2 Madical Examinar: On tha basis of axamination end/or invastigation, in my opinion, daath occurred at tha tima, data end place, and dua to tha causa(s) end mannar steted. 29e. Certifier Medical 29c. Licensa number 29b. Signature and title of certifier 29d. Data signed (Month, Day, Year) who completed cause of deeth (Itam 23e) (Type, Print) lillar Department of Medicine The Johns Hopkins Hospital 30. Nama and address of person David J. Miller

Registrar

State

31. Deta filed (Month, Day, Yaar)

32. Registra 's Signature

The same of the sa

State of Maryland / Department of Health and Mental Hygiene

96

20558

Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** SHANK ELMOND 2)4 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Huspital Hagerstown Washinston County Washington If Under 1 Yeer | If Under 24 Hrs. 8. Data of Birth (Month, Dey, Year) Jan. 20, 1 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Days 10XM 2□ F Hours 219-03-2173 Director 86 1910 Maryland Usuel Rasidance of Dacadant 10a. Stata 10b. County 10c. City, Town or Location the Marylan 10d. Insida City Limits Maryland Washington Clearspring 1 ☐ Yes 2 🔀 No Director 288-11 event, the Medical Examiner must be notified 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? b "natural", or items 23a P.O. Box 16 Funeral 21722 U.S.A. 14. Race - American Indien, Black, Whita, atc. 12. Wes Decedant Evar In U,S. Armed Forcas? Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 11. Marital Status 1 Nevar Married 2 Married 1 ☐ Yes 2 ☐ No If Yas, Giva Year or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No specify: White ď 3 □ Widowed 4 □ Divorced Completed 16a. Dacedant's Usuel Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grade complated) 16b. Kind ot Businass/Industry 1 and 2 should be filed within Health and Mental Hygiere. em 27 is marked other than " Elamantary/Secondary (0-12) College (1-4or 5+) 12th Mechanic Fairchild Aircraft 17. Fathar's Nama (First, Middla, Last) 18. Mother's Neme (First, Middle, Meidan Sumama) Isaac E. Shank Bessie Roney 2 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straet and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Department of Health a Important: If Item 27 is any injury or other tra Joyce Resley/Sister 1 Peachtree Lane-Williamsport, Maryland 21795 20b. Place of Disposition (Nama of cametery, crematory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition Data Pages 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 □ Donation 5 □ Othar (Spacify) 21. Signetura of Funaral Service Licenses 22. Nama and Address of Fecility State Anatomy Board-655 W. Baltimore Street VanSant Baltimore, Maryland 21201-1559 Part Enter the disaase, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart tellure. List only one cause on each line. Approximeta Intarval Batween Onset and Death Physician KENAL FAILURE /Medical Immedieta Causa (Final disease or condition resulting in daath) Examiner by Physician/Medical Examiner OBSTRUCTION physician end s the buriel-transit The law requires that the deeth certificate be executed Sequentielly list conditions, if eny, leeding to immediata causa. Entar Underlying Causa (Disaasa or injury that initiated evants resulting In daath) Last OMINAL SEPSIS Records, P.O. Box 68760 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No EREBROUASCULAR ACCIDEN 3 Probably 4 Unknown 24b. Wara autopsy tindings avellebla prior to complation of cause of death? 24e. Wes en eutopsy performed? Completed 1 ☐ Yes 2 No 1 🗌 Yas certificate Division of Vital Hospital or Attending Physician:
 24 hours eftar daath.
 Funeral Director: Attar this certificately filled in by the funeral director, 25. Was case ratarrad to medical axaminer? Be 26. Placa of Death (Check only ona) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yas 2 No Dopatiant 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Tima of Injury 28d. Dascribe how injury occurred 28c. Injury et Work? 1 Natural 2 Accidant 5 Panding invastigation 1 Yas 2 No 6 Could not be datermined 3 Sulcide 28t. Location (Straat end Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, tarm, straat, tactory, office building, etc. (Specify) 4 Homicide Certifying Physician: To tha best of my knowledga, death occurred at tha tima, data and place, and dua to tha cause(s) end menner es steted.

2 Medical Examiner: On the basis of axaminetion end/or investigation, in my opinion, death occurred at the tima, data and place, and due to the cause(s) and menner stated. 29a. Cartifiar Medicai To the Hosp within 24 ho To the Fune completaly f (Check only one) 29b. Signature and title of centifiar 29c. License number 29d. Data signed (Month, Day, Year)

State Registrar 31. Data tiled (Month, Day, Yaar)

32. Registrar's Signature

30. Nama and addrass of person who complated cause of daeth (Item 23a) (Type, Print) Charles R. Chaney MD. 3635. Cleveland Ave.

tan marette

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Dete of Deeth LZAHDI A. SIANGE アクア 1996 4e. Facility Name (If not institution, giva straat and numbar) 4b. City, Town, or Location of Death 4c. County of Death BALTIMORE 2511 HillFoRO 5. Social Security Number 6 DRIVE FARKVILLS If Under 24 Hrs. If Under 1 Year 6. Sex 9. Birthplace (State or Foraign Country) 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, 215 20 9410 TMM 2 F Months Deys Hours Yrs. AUG-23 1936 Usuel Residence of Decedent 10b. County 10c, City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No MARLAND BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? HILLFORD ORIVE 21234 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 128 Yes 2 ☐ No Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. 11. Marital Status 1 ☐ Never Married 2 Married 1 Yes 25 No Specify: Specify: WHITS 3 Widowed 4 Divorced Year or Dates: W:W-III 15. Decedent's Education (Spacify only highest grada complated) 16e. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retirad) 16b. Kind of Business/Industry BALTIMORE GAS AND Elementary/Secondary (0-12) College (1-4or 5+) SERVICE SISCIRIC 17. Father's Neme (First, Middla, Last) 18. Mother's Name (First, Middle, Maidan Surname) FREDERICK SIANGE CATHERINE Swinbler 19e. Informent's Name/Relationship (Typa, Pnint) 19b. Mailing Address (Streat end Number or Rural Routa Number, City or Town, Stata, Zip Coda) MARKILLE, MARYLAND 21234 2511 HILLFORD ORIVE DOROTHY L. SIANGE 20a. Method of Disposition 20b. Placa of Disposition (Nama of cemetary, cramatory or other) Date TH 20c. Location - City or Town, State or other place) Burial 2 Cremetion 3 Removal from State 4 ☐ Donation 5 ☐ Other (Spacify) ARKWOOD I SMETIRY TARKVILLE 22. Name and Address of Facility EVAN CHAPILOF fure of Funeral Service Closes brokes 8800 HARFORD ROAD 23a. Part1. Enter the disease, or complications that eaused the death. Do not enter the mode of dylng, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Death Immediate Cause (Final disease or condition resulting in death) ~ 2 years · Metastelie careinoid Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably Unknown 1 ☐ Yes 2 ☐ No

Physician /Medical Examiner

ettending physician end for use as the bunal-transit

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been signed be should be dete

page 2

funeral director,

filled in by

Medical

After this

death.

24 hours after deat Funeral Director:

To the Hosp within 24 hor To the Fune complately fi

Hospital

or Attending Physician: The law requiras that the death certificeta be executed

Records, P.O. Box 68760

Division of Vital

Physician

/Medical

Examiner

10a. State

1126

Director

þ

Completed

Be

Funeral

Director

Itam 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at

Hygiena.

permit, Pages 1 end 2 should be filed with Depertment of Haalth end Mental Hygiens Important: if Item 27 Is merked other that any Injury or other traumetic event, Ing. 2006.

altimore, Maryland 21215-0020

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Physiclan/Medical Examiner Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Lest

þ Completed 24e. Wes an autopsy 24b. Were autopsy findings aveileble prior to completion of cause of death? 1 Yes 200 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only ona) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 Yes 2 No 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury et Work? Certification: 28d. Describe how injury occurred 1 Natural 5 Pending investigation 1 Yes 2 No 2 Accident 6 ☐ Could not be determined 3 ☐ Suicide Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Straat and Number or Rural Route Number, City or Town, Stata) 4 Homicide

(Check only one) 29b. Signature and title of certifier

†52 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, end due to the ceuse(s) end menner es steled.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) end manner steled. 29c. License number

016587

29d. Date signed (Month, Day, Year)

, mg 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) MAUL HANGS

RAVER BLYD. BATTIORE MARYLAND Sbol Lock

State Registrar 31. Date filed (Month, Day, Yaer) JUL 11 1996

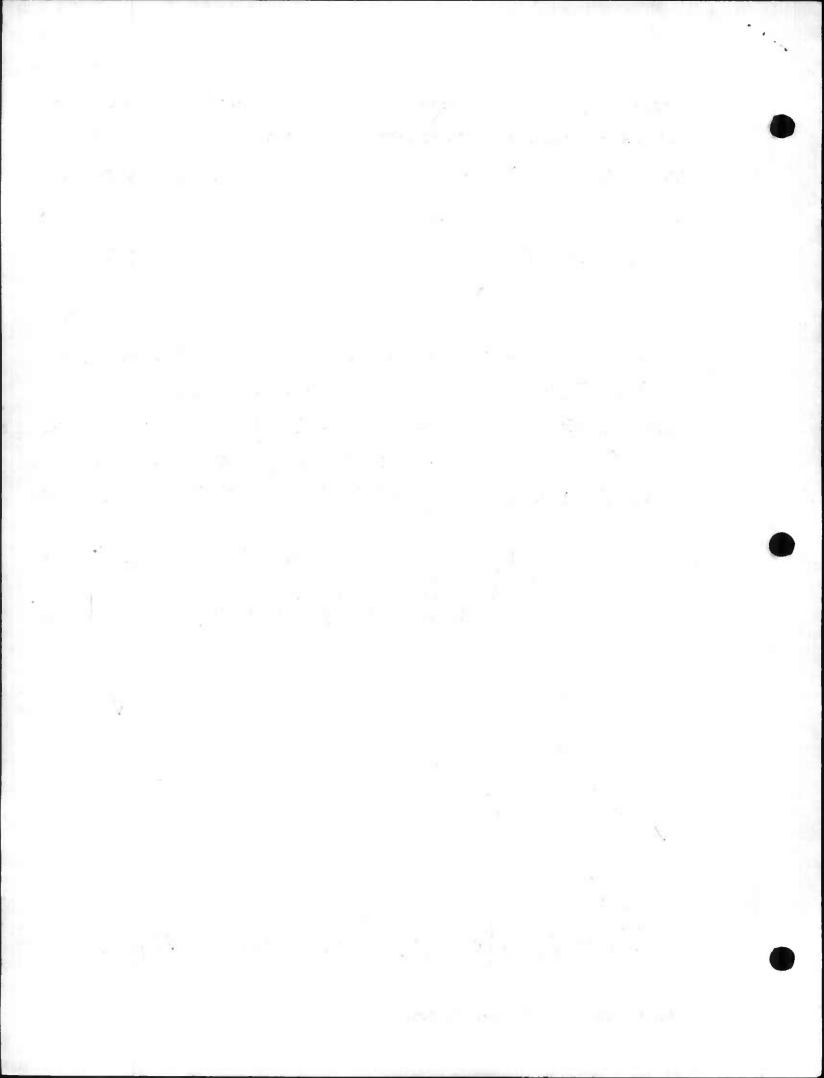
32. Registrar's Signature

And Annual Committee to the second

Page 1 Williams

State of Maryland / Department of Health and Mental Hygiene 96

						Cei	tificate	of i	Death		F	Reg. No.		
	Physic		1. Decedent's Name (First, Middla, L JULIE ROOS	ast)	SPRI	GGS					2. Data of Dea	-	1996	3. Tima of Death 5:50 All
	/Medi Exami		4e. Facility Name (If not institution, git GREATER BALTIM		_ *	ENTE	R	- 1	tb. City, To		ocation of Deeth		ty of Deeth	RE
	Funeral Director			Sex 7. 1 □ M 2⊠ F	Age (In yrs. Ia	st birthday) Yrs.	If Under 1 Y	eys	if Under Hours	24 Hrs. Min.	8. Date of Birth		9. Birthp Court	place (State or Foreign
	the Maryland 28a-f show nottrad at	ector	10a. State 10b. County 10a. State 10b. County 10b. Street and Number	oRO		Town or Lo		do				10g. Citizen o		0d. Inside City Limits 1 ☐ Yes 2 No
020	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiene. Item 27 is marked other than "natural", or frems 23s or 28s-f show other traumetic event, the Medical Examiner must be notified at	by Funeral Director		12. Was Decede Armed Forcu 1 Yes 2 If Yes, Give Year or Date	ent Ever in U,S es? No	1	aı	of H Cuba	ispenic Ori	gin? (Sp i, Puerto	ecify Yes or No-	14. Re	S-A aca - Americ ack, White,	an Indien,
121215-0020	filed within 72 ho Hygiene. Wher than "naturem, the Medical	Completed	15. Decedent's E (Specify only highest gr Elementary/Secondary (0-12)	Collega (1-4	or 5+)	16a. Deced (Giva lifa. I	lent's Usual O kind of work o DO NOT usa r	ccup fone detired	during mosi (NAL)	TU			. SOF	TUARS
Maryland	2 should be fill and Mental H is marked off aurmetic even	To Be	17. Father's Name (First, Middla, Las	BACK	ŀ	19b. Mailir	ng Address (S	treet	MA	RYL	e (First, Middla, Sal Routa Numbe	ARE		Code)
altimore, M	permit. Pages 1 end 2 Department of Health 8 Important: If item 27 is any injury or other tra once.		20a. Mathod of Disposition 1 □ Burial 2 ■ Cremation 3 □ 4 □ Donation 5 □ Other (Speci		COL	metary, cran	sition (Nama on atory or otha	of place	DRIVE ENAID		Date Date	20c. Location	LAND - City or To	AIOL3
Balti	Departm Importar any Injur		21. Signature of Funeral Service Liss	Naver		22 21	Name and A	po po	ss of Fecilit	CHA	Pel-Ou	Air.	P.A. MAR	
	Physician /Medical Examiner		23a. Pert1. Enter the diseese, or conshock, or haart failure. List only Immediate Cause (Final disease or condition resulting in death)	nplications that cau y one causa on aac	sed the death.	Do not ent					+ Pulv		ets :	Approximate Interval Between Onset end Death
x 68760,	certificate be axecuted inding physician and use as the bunal-transit	/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b. Metc	Due to (or a	as a consaction of the consecution of the consecuti	tden)	gn	2M	ary	9		Lyear
P.O. Bo	the death y the atten ached for u	Physician	Pert II. Other significant conditions	contributing to deat	h but not result	ing In the ur	nderlying caus	e giv	en in Part I			obacco use o	./	o the cause of death?
Records,	e faw requiras that been signing 2 should be	Completed by									24a. Was a	med?	av.	ere autopsy findings allable prior to mpletion of cause death?
of Vital	Physician: this cartific ral director,	To Be	25. Was case rafarred to medical axaminer? 1 Yes 2 No 27. Manfer of Death	Hospital: 1 Inp		R/Outpatien		Oth	er: 4□ Nu	rsing Ho	1 ☐ Y h (Check only or me 5 ☐ Resid 28d. Dascribe h	na) enca 6 □O	ther (Specif	Yes 2 No
Division	i or Attending F safer death. Diractor: After d in by the funer	Certification:	1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation Accident 4 Accident Acciden	(Month,	Day Year) Injury - At hometc. (Specify)	Injury	М		k?" Yes 2⊡l	No		traet and Nun		I Routa Number,
	the Hospita nin 24 hours the Funeral npletely fille	Medical C	one) 2 Medical Exa	hysician: To the be miner: On the basis end menner	s of axaminatio	edge, death in and/or inv	restigation, in	my o	pinion, deal	d place, th occurr	ed at the time, o	late and place	a, and due to	tha cause(s)
	\$ 4 \$ 1 \$ 8	4	30. Name and address of person who	completed cause of	Of death (Itam 2	(Type	Į	cens	a number	91	ł '	Pod. Date sign	ed (Month,	Day, Year)
	/U		OR RUTH KENT	10			Grap	311	R B	ille	noa (Boice	of Cer	SIL
	Sta Registr		31. Date filed (Month, Day, Year) JUL 11 1996	Julia David	strer's Signatu	re ML								



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State of Maryland / Department of Health and Mental Hygiene 96 2056 |

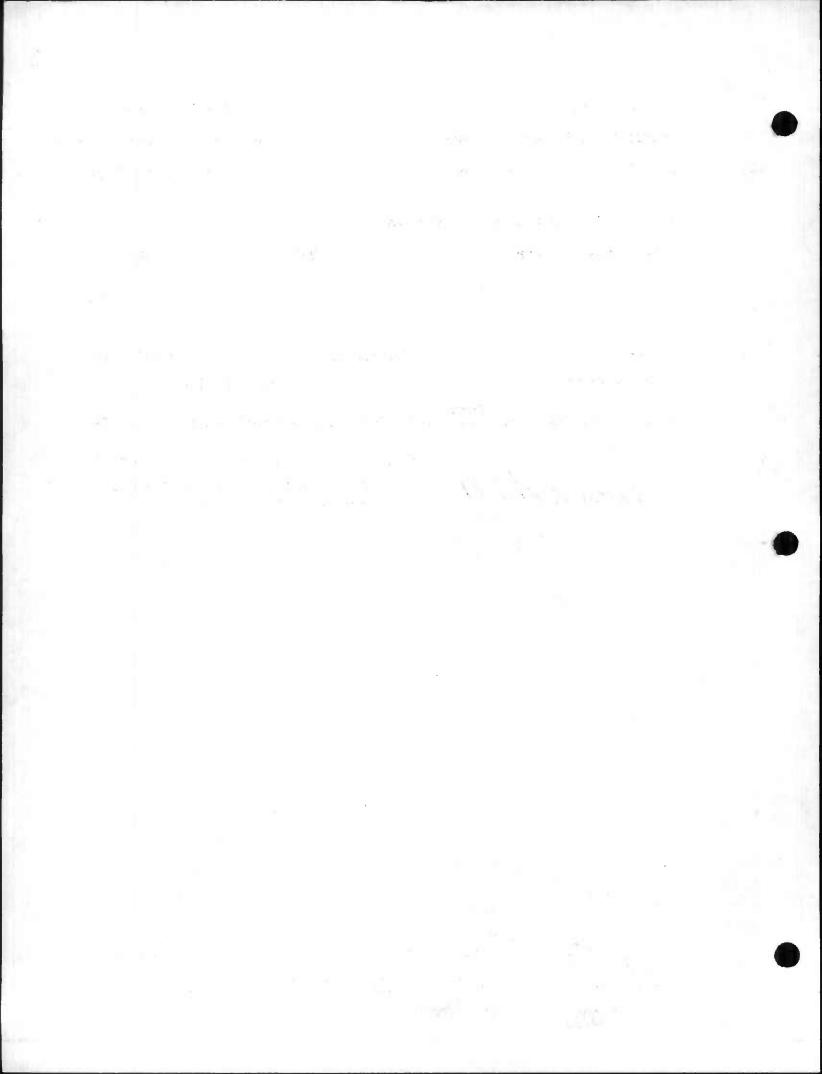
						Cen	tificate of	Death		Re	eg. No.			
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9	Physic		AGNES JAC	-QUILANE	Siz	ain	Δ			Month	A, 19	Yeer	2 3c	PM
	/Medi		4a. Facility Name (If not institution, give	street and number)		100		4b. City, Tow			4c. County			Lini
A	Exami	ner			1							740		
			ST. JOSEPH M. 5. Social Security Number 6. S		enter		If Under 1 Yea	r If Under 2	W50	N				-
	Funeral		1	THE STATE OF	(In yrs. lest bi	Yrs.	Months Day		Min.	Date of Birth (Month, Dey,	Year)	9. Birthp	place (Stete or htry)	<i>Foreig</i> n
	Director		Vsual Residence of Decedent		73	110.			P	kay 9,	1923	ren	NSYLVA	NID
	Pu s		10a. Stete 10b. County		IOc. City, Tov	vn or Loc	ation					1	0d. Inside Cit	h. Limite
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	de a	Funeral	11. Marital Status	12. Wes Decedent Ev Armed Forces?	er in U,S.	13. W	as Decedent of Yes, specify Cu	Hispenic Origi	in? (Specif	y Yes or No-		e - Americ		
0	or the	3	1 ☐ Never Married 2 ☐ Married	1 ☐ Yes 2 ☑ No If Yes, Give			☐ Yes 2 🗷 No		1 3010 1110	an, 0.0.,			OLU.	
21215-0020	J within 72 hours after death with the Maryland ilena. r than "natural", or items 23a or 28a-f show The Modical Examiner must be notified at	Ď	3 ☐ Widowed 4 ☑ Divorced	Yeer or Dates:		"	L 105 2 L 14	o Specify.			Specify		LITE	
2-0	2 hc	Completed	15. Decedent's Ed	ucation	168	. Decede	ent's Usual Occ	upation	of considers		16b. Kind of B	usiness/inc	dustry	
7		pe	(Specify only highest gra	College (1-4or 5+)		life. D	ind of work don O NOT use retir	ed)	or working					
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	should be filed and Mental Hygis marked other matic event, m	BeC	17. Fether's Name (First, Middle, Last)					18. Mother	's Name (F	irst, Middle, M	Meiden Sumen	10)		
a	ould be i Mental I arked or	ToB	George MAZUR	KEBICH				CATI	HEGI	NE V	Nashe	1001	1.	
Maryland		-	19a. Informant's Name/Relationship (7		19	b. Mailing	Address (Stree							
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e)	is 1 and of Health item 27 other tr		THOMAS SHUDA 20a. Method of Disposition	1	20b. Place 0	of Dispos	ition (Neme of	Balto		. 2123	20c. Location -	City or To	nwn Stete	
ō	Pages nent of I int: If its		1 ☐ Burial 2 ☐ Cremation 3 ☐		cemete	ery, creme	etory or other p		Jul	46			, 0.0.0	
filmore,	tmer tant:		4 □ Donation 5 □ Other (Specify		Gree	n Ma	ount Cer	netery		996	Balto.	N9		
8	permit. Page: Department of important: If i any injury or once.		21. Signature of Funeral Service Licen	SPET	K	22.	Name and Add	ress of Facility		EMORIE				
ш	TOPER		Explaint (1)	4000		2		PLACET C			Md. 3	1721		
20	N 11 11 11 11 11		23a. Part1 Enter the disease, or companies shoot, in heart feilure. List only	lications that causes in	e death. Do	not ente	r the mode of d	/ing, such es ca	ardiec or re	espiretory erro	est,		Approximete)
	Physician		Shoot, at field tellule. List only t										Onset end D	
J.	/Medical		Immediate Cause (Finel	n	WILLOW	Mry	EM	bolice					2 ha	415
	Examiner	١.	disease or condition resulting in death)	a		-		201634	-				, , , , ,	
	-	ē		Di	ue to (or as a	consequ	ience or):					ļ		
	Junsit Insit	Examiner		b			, , ,					1		
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587	phy s the	edical	resulting in deeth) Last	Di	ue to (or es e	consequ	ence of):				•			
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Ö	0 0 2	Physician	Part II. Other eignificant conditions of	entributing to death but	not resulting	in the und	derlying cause o	jiven in Part I.		23b. Did to	bacco use co	ntribute to) the cause o	f death?
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Record	v requi	Completed								24e. Wes e perforr		eve	ere autopsy fi eileble prior to)
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Vital	lcien: Th certificate rector, par	a	25. Was case referred to medical					26 Plene o	of Death //	Check only on				
>		OB	examiner? 1 ☐ Yes 2 ▼ No	Hospitel: 1 ☐ Inpatient	2 FRO	utnetient	3□ DOA C	ther:			ence 6 Oth	or (Consil	(4)	
ō			27. Menner of Death	28a. Date of Injury	28b.	Time of	28c. Inj				ow injury occur		77	
on	After fune	tior	1 Natural 5 Pending 2 Accident investigation	(Month, Dey Y	(eer)	Injury		ork? ⊒Yes 2.⊒N						
S	Attending or death. ector: After by the fune	ica	3 ☐ Suicide 6 ☐ Could not be		r At home f	arm etro				Location (St	reet end Numb	er or Burs	d Boute Numi	har
Division	7 = = =	Certification:	4 ☐ Homicide determined	building, etc.	(Specify)	u, ou o	or, radiory, ornor			City or Town	n, Stete)			
_	To the Hospital or Attent within 24 hours after deatl To the Funeral Director: completely filled in by the		29e. Certifier 1 Certifying Phy	relater. To the best of		a death :		tions alone and	-1	l al				
	Hos Pun Fun stely	edical	(Check only one)	rsician: To the best of r iner: On the basis of ex end manner state	xaminetion ar	e, deeth o	estigation, in my	opinion, deeth	occurred	et the time, d	ate and place,	and due to	ated. the cause(s))
	thin the	Me	29b. Signature end title of pertifier	end manner state	· · · · · · · · · · · · · · · · · · ·		29c Lice	nse number		2	9d. Date signe	d (Month	Dev Veer)	
	5 <u>3 5 8</u>		John Maria Colonia Col	Le .					1		- s. Date signe	- (morning	_ 0, 1001/	
	0		1/2				D 15		Md		JULY 9	5, 19	96	
			30. Name end address of person who e	ompleted cause of dea	th (Item 23e)	(Type, P	rint)	<u> </u>	C			Al 1		
	<u> </u>		Lawrence Boo	S MD	54 9	Tasi	rint)	LM Kd	1. 6	ocheu	sville	Nd	2103	0
	Sta		31. Date filed (Month, Dey, Yeer)	9. 32 Hegistrar	Signature	2				-				
	Registr	ar	.1111 1 1996 9	MUNICIPALITY OF	a lament									

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Day **Physician** Month Yaar SAIles JOYCE July 10:12 pm 1996 /Medical 4a. Fecility Nema (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner BALTIMORE SINAI HOSPITAL 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Data of Birth Months Days Hours Min. (Month, Day, Year) 5. Sociel Security Number Birthpiaca (State or Foreign Country) **Funeral** 1□M 28 F Days 217-64-5581 Yrs. MARYLAND 40 APRIL 1,1956 Director Usual Residence of Decedant 10a, Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ¥Yes 2 □ No Director BALTIMORE N/A Name 23a or 28a-f 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 1800 PRESSTMAN STREET 21217 USA Funeral 12. Was Dacedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yas, Giva 14. Race - Amarican Indien, Black, Whita, etc. Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 1 Never Married 2 Married "natural", or 1 Yas 2 No Specify: Specify: BLACK þ 3 Widowed 4 Divorced permit. Pages 1 and 2 should be filed within 72 hs. Department of Health and Mental Hygiene. Important if item 27 is marked other than "nature any injury or other traumstic event, the Medical other. Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Coilege (1-4or 5+) MAINTENANCE ENGINEER DOMESTIC 17. Fether's Name (First, Middla, Last) 18. Mothar's Neme (First, Middla, Maiden Sumama) Be GEORGE SAILES SR. MARY JIGGETTS 2 19a. Informant's Name/Raietionship (Type, Print) 19b. Malling Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda, (SISTER) 1800 PRESSTMAN ST. BALTIMORE, MD. 21217 SONIA SAILES 20b. Piace of Disposition (Nama of 20e. Method of Disposition 20c. Location - City or Town, Stata MT. ZION CEMETERY 7/11/96 1 → Buriai 2 □ Cramation 3 □ Removal from Steta LANSDOWNE, MD. 4 ☐ Donetion 5 ☐ Othar (Specify) 22. Nema and Addrass of Facility GARY P. MARCH FUN'L HOME 270 FREDHILTON PASS BALTO, MD. PART Entar the disaesa, or complications that caused tha daath. Do not entar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart tailure. List only one cause on each line. Approximata Intarval Between Onset and Death **Physiclan** /Medical Immadiata Causa (Final disaasa or condition rasulting in daath) Examine Dua to (or as a consequence ot): Examiner physician and the burial-transit that the death certificate be executed Sequantially list conditions, if eny, leading to immediate causa. Entar Underlying Causa (Disaase or injury that initiated events rasulting in daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760. Physician/Medicai Due to (or as e consequence of): use signed by the a Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown HIVI Arthmay Htm, þ 24b. Wara autopsy tindings evellable prior to completion of cause of daath? 24a. Was an autopsy performed? PVD, Osteomyolitis page 2 s has 1 Yes 2 No 1 □ Yas 2 □ No certificate or Attending Physician: funeral director. 25. Was casa retarrad to medical axaminar? Be 26. Piaca of Death (Check only one) 1 Yes 2 No Othar: 4 Nursing Home 5 Rasidence 6 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA After this 28a. Date of Injury (Month, Day Year) 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Naturel 2 Accidant 5 Panding after death. 1 ☐ Yes 2 ☐ No Investigation 6 Could not be 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, streat, factory, offica building, etc. (Spacify) 4 Homicida 24 hours a Hospital 29a. Certifiar edicai 1 Certifying Physician: To the best of my knowladga, daath occurred et the tima, dete and place, and dua to the causa(s) and mannar as stated. (Check only one) 2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data end place, and due to the cause(s) and manner stated. within 2 29b. Signature end titla of cartifier 29d. Date signed (Month, Day, Year) use of death (Itam 23a) (Type, Print) DAHO. 21215 State

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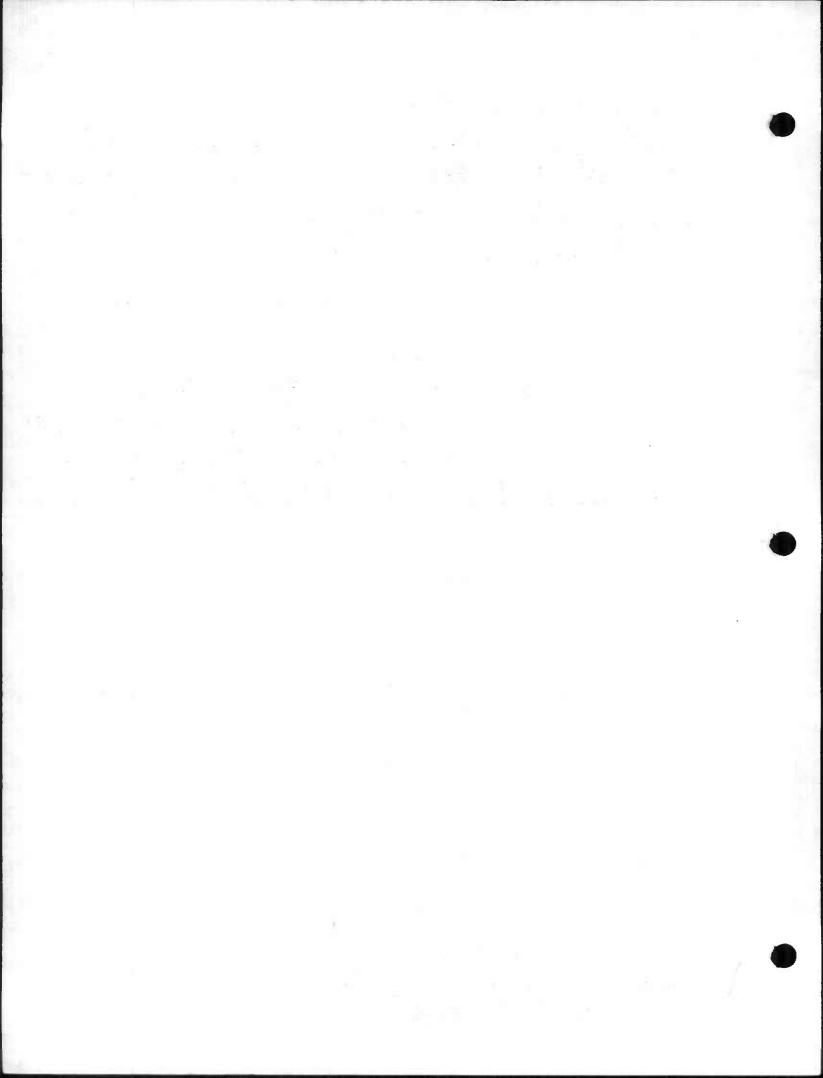
State of Maryland / Department of Health and Mental Hygiene 96

h la	_				Cer	tificate of	Death		Reg. No.	0 200	
	_	I. Decedent's Name (First, Middle,	Last)					2. Dete of De Month	eth Dey	3. Tim	of Death
hysiclan /Medical	ı	Mae M. Seal						July	7, 199		mag
Examiner	4	e. Fecility Neme (If not institution, g			-			or Location of Deeth	4c. County	of Deeth	3-11
	٩.	Carroll County				William A.V.		minster		roll Count	-
uneral rector		230-28-6249	. Sex 7. 1 □ M 2 ☐ F	Age (In yrs. I	lest birthday) _ Yrs.	If Under 1 Yea Months Day		Irs. 8. Date of Birt in. (Month, De May 17	h y, Year) , 1927	9. Birthplace (State Country) Virginia	
2		Jsual Residence of Decedent 0a. State 10b. County		10c. City	y. Town or Loc	cation				10d. Inside	City I Imite
notified at			1 County	1							s 2 N
be notified Director	1	0e. Street end Number	1 Country	W	oodbine	10f. Zip Code			10g. Citizen of V		Λ
2 Z		149 Hoods Mil	l Road				21797			S.A.	
	1	1. Marital Status	12. Was Decede	ent Ever in U,	S. 13. W			(Specify Yes or No- erto Rican, etc.)		e - American Indien,	
0 3		1 ☐ Never Married 2 ☐ Married 3 ⚠ Widowed 4 ☐ Divorced	Armed Force 1 Yes 24 If Yes, Give Yeer or Dete	₹ No		Yes, specify Cu ☐ Yes 21 No		erto Rican, etc.)	Specify	ck, White, etc. White	
"natural". adical Exe		15. Decedent's	Education		16e. Decede	ent's Usuel Occi	upetion		16b. Kind of Bu	usiness/Industry	
- GE		(Specify only highest s Elementary/Secondary (0-12)	College (1-4)	or 5+)	life. D	kina of work don 10 NOT use retir	e during most of v ed)	vorking			
CO		12			Nur	cses Aid	le		Health	Care	
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To To		_						tha Collin			
raum raum	1	19a. Informent's Name/Reletionship	(Type, Print) (Dat	ughters) 19b. Mailing			Rural Route Numbe			
Ther I	-	Mrs. Dale Conawa	ay/Mrs. Pe			0245 Bar sition (Neme of	tholow F	Road Sykes			
0.0	2	0e. Method of Disposition 1 ☐ Burial 2 🂢 Cremetion 3	☐Removel from Sta	ite Ce	emetery, crem	atory or other pi		Date	20c. Location -	City or Town, State	
Jury	-	4 □ Donetion 5 □ Other (Spec	oify)	Car			n Serv.	7/9/96	Hampste	ad, MD	
Important: if item 27 is marked other than any injury or other traumatic event, the M once. To Be Comp	1	21. Signeture of Funeral Service Lic	Hais	4			FUNERAL	HOME & CH 21784 (41		0.0. Box 1:	95)
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ysician end e burial-tra cai Exar		Sequentially list conditions, leny, leading to immediate ause. Enter Underlying ause. (Disease or injury het initiated events	b		r es e consequ	uence of):					
g physicial es the burner redical	t	Sequentially list conditions, lary, leading to immediate ause. Enter Underlying Jause (Disease or injury het initiated events esutting in death) Lest	b			uence of):					
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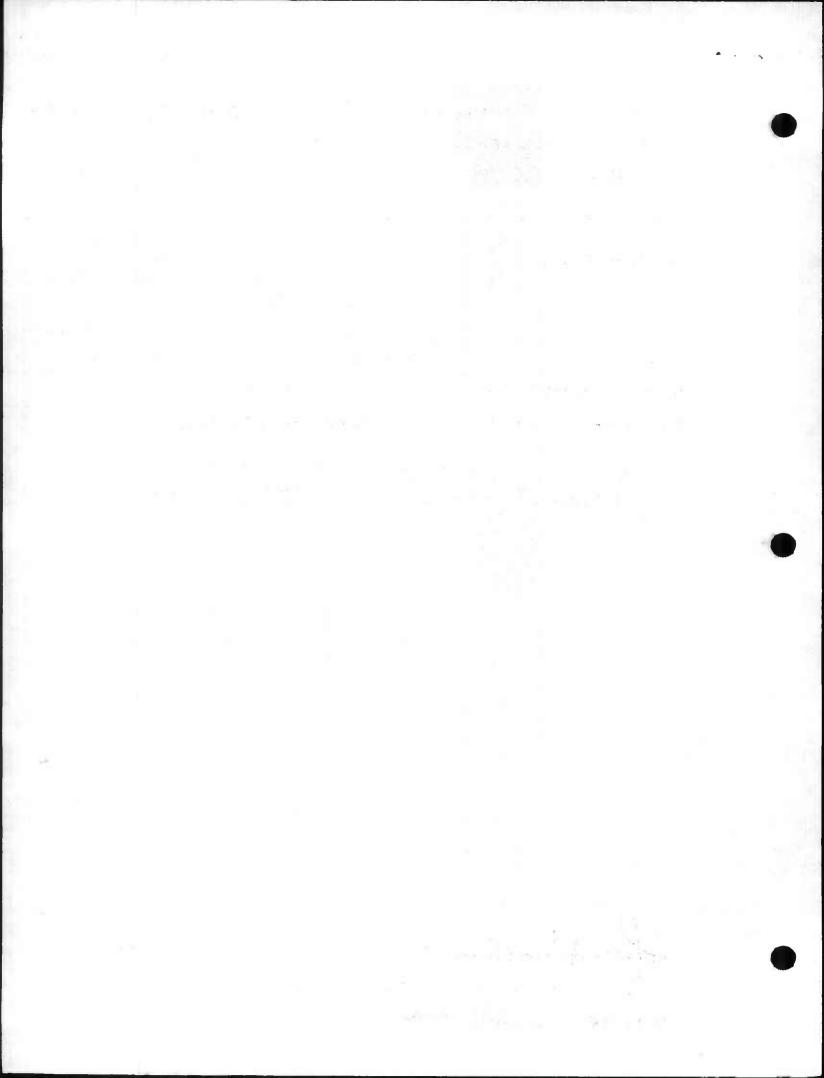
				State of Marylan		rtment of F)	5 21	0564
		п	1. Decedant's Nama (First, Middla, Last)		001	imoato or	Doam	2. Deta of De	Reg. No.	3	. Time of Death
	Physici		FRANK THOM	PEAI)				Month JUNE	Day	Yeer	20.25 pm.
	/Medid Examir		4a. Fecility Nerge (If not institution, giva s		-		4b. City, Town, or				
			St. Hane	5 HOSP.			BA1	imore	/	VIA	-
	Funeral		5. Social Security Number 6. Sax			If Undar 1 Yaar Months Days	If Under 24 Hrs Hours Min	8. Data of Birt	h v, Year)	9. Birthplaca	(Stata or Foreign
	Director		25/20-767/	7/	Yrs.			5-19	1-1925	Vir	ginit
	and and		Usual Residenca of Decedent 10e. State 10b. County	10c. City	y, Town or Loc	ation				10d.	Inside City Limits
	Many	ţō	maryland N/1	9	BAL	imore	2)				1₽Yes 2□No
	r 28s	Directo	10e. Street and Number	1	~///	10f. Zip Code			10g. Citizen of V	/het Country?	
	th wit		2905 OAKhil	Hose.		212	07		4.3	Sitti	
	eme erms	Funeral	11. Maritel Stetus	12. Wes Dacedent Ever in U, Armed Forces?		Ves Decedent of H Yes, specify Cuba	lispanic Origin? (S	Specify Yes or No-	14. Rece	- American in k, Whita, atc.	ndien,
20	or h	by Fu	1 Never Married 2 Merried	1 ☐ Yes 2 ☑ No If Yas, Give		□Yas 2 No	Specify:	io riioani, aioi,	Specify		
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland of Hauth and Mental hyglene. Ifem 27 is marked other than "natural", or items 23s or 28s-f show other traumetic event, the Medical Evanther must be notified at		3 Widowed 4 Divorced	Yeer or Detas:			allea		tob Kind of the	vegr	0
15	In 72	Completed	15. Decedent's Educ (Specify only highest grade	completed)	(Give I	ent's Usual Occup kind of work dona OO NOT,use retired	during_most of wo	rking	16b Kind of Bu	Chick	en
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	e filed al Hygi other vent,	BeC	17. Fether's Neme (First, Middle, Last)	11			18. Mother's Na	me (Figst, Middle)	Maiden Sumam	e)	
yla	should be nd Mental marked o	To	FRANK.	hompson	U		Ethe	/ (Arey		
Maryland	2 she and la ma		19an informent's Neme/Reletionship (Type	pe, Print)	19b. Meilin	g Address (Street	and Number of R	ural Route Numbe	r, City or Tolen,	Spata, Zip, Coo	de)
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Baltimore,	00-7		20a. Mathod of Disposition 1 P Burlei 2 □ Cremetion 3 □ R		emetery, cram	etory or other place	(e)	7/5/2	20c. Location -	City or Town,	State
Itin	it. Partural		21 Signature of Funeral Service License	///		ON CO	m	11996	BAIR	,00.	ma
Ba	permit. Pag Department Important: I any Injury o		21 Signature of Funeral Service Liberae	·)	2	Neme end Addre	· Kuss	FUNE	18/17	Suco,	,
			23s Part 1 Fotor the disease or compli	rations that caused the death	Do not ente	272W	/ NorTA	n Ave,			10,21216
i	Physician		23a Anti Enter the disease, or compile hook, or heart seilure. List only on	e ceuse on each line.	i. Do not ante	ii tha moda or dyii	ig, suori as cardia	o or raspiratory at	rast,	trite	proximata ervel Between set end Deeth
н	/Medical		tmmedlete Ceusa (Finel	C	NEUMO	ONIA				1 2	den
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	ata be executed hysician and tha butal-transit	Examiner	Sequentially list conditions, if any, leading to immadiate	Dua to (or	r as e consequ	uence of):					-
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687	icata phys s tha	edicai	that initiated events rasulting In deeth) Lest	Dua to (or	as a consequ	iance of):				į	
Box	cartifu nding usa a	M	d								
	death a ette d for	icia	Part ii. Other significant conditions conf	tributing to death but not resu	ulting in the un	dedving cause giv	en in Part i	23h Did i	obacco usa con	tribute to the	cause of death?
Ö	The law requires that the death certific ste hes been signed by the ettending p paga 2 should be deteched for use as	Physician/Me		in a division of the control of the	atorig in the di	donying oddso gre	on arr ore.		ree 2□ No		y 4 Unknown
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ord	w require been si should	pete							en eutopsy med?	availab	autopsy findings bia prior to
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Division of Vital Records, P.O.	Attending Physician: It death. ector: After this certific by the funeral director,	2	1 Yas 2 No	ospitel: 1 inpatiant 2 in 28a. Dete of injury	ER/Outpatient 28b. Time of	3LI DON	4 🗆 Muising i	dome 5 Resid	lenca 6 Dotha		
o	oding th. Afte	itlor	1 Neturel 5 ☐ Panding 2 ☐ Accident investigation	(Month, Dey Year)	injury	28c. injur Wor M 1 🗆	k? Yes 2 □ No				
N N	or Attending after death. Director: After	Certification:	3 Suicida 6 Could not be determined	28e. Plece of Injury - At ho	me, ferm, stra	et, fectory, office			Street and Number	er or Rural Ro	ute Number,
Ö	s aftar al Direction by	Cert	4 Hornicide	buliding, etc. (Specify	0			City or Tov	m, Siera)		
	tospi 4 hour uner uner aly fill	edicai	29e. Certifier (Check only 2 Medical Examin	totan: To the best of my know er: On the basis of examinet	wiedge, deeth	occurred et the tin	ne, dete end plece	e, end due to the	ceuse(s) end me	nner es steter	d.
	To the Hospital or Attending Physician: Tha law within 24 burus after death. To the Funeral Director: After this certificate has complately filled in by the funeral director, page 2	Med	OTE)	end menner steted.		1					
	5 1 K		29b. Signeture end title of certifier	(0-110-	~~	29c. Licens			29d. Dete signed		
			30 Name and address of assess who are	3			8125		JUNE	25"	1996
			30. Neme end eddrass of person who cor		123a) (Type, F 1ENUE	•	RE MD	2 12 2 19			
	Sta	te	31. Data filed (Month, Dey, Year)	32. Registrar's Signat		WILLINGU	Ne My	N. N. O.			
	Registr		JUL 11 1996 gu	Law son fand	482						

DHMH 16 Rev 6/95



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						Certificate o	f Death		Reg. No.		-0000
			1. Decedant's Name (First, Middla, Las	t)				2. Data of De	eath	Value	3. Tima of Death
	Physic /Medi		SAMUEL D	TUMI	UFILL.	o SR.		Month	Day	199/a	2035
	Exami		4a. Facility Nama (If not institution, give		0000	,	4b. City, Town, o	r Location of Deat	h 4c. County	of Death	
	LXUIIII	IGI	SINAI H	SPITAL			Baltimo	re	N/		
-	F		5. Social Security Number 6. Sa		e (In yrs. last bii	thday) If Undar 1 Yes					lace (State or Foreign
	Funeral Director			XM 2□ F		Yrs. Months Day		n. (Month, Di	ay, Year)	Coun	lece (State or Foraign
	Director		Usuel Residence of Dacedant		01			Feb. Z	2, 1915	Mai	ryland
	and and		10a. Stata 10b. County		10c. City, Tow	n or Location				1	0d. Insida City Limits
	Aery	5	Maryland Baltim	ore	Pi	kesville					1 ☐ Yes 2 ☑ No
	the 1288	Director	10e. Street and Number			406 75- Code			40= Chi41	147	1-0
	A P O	급				10f. Zip Code			10g. Citizan of		
	a within 72 hours after death with the Meryland ilene. Then "natural", or items 23a or 28a-f show the Medical Examiner must be notified at	ra_	619 Sudbrook Road			2120			United		
	9	Funeral	11. Marital Status	12. Wes Decedent E Armed Forcas?	ever in U,S.	13. Was Decedant of If Yes, specify Co	f Hispanic Origin? (uban, Maxican, Pua	(Specify Yes or No arto Rican, atc.)	- 14. Rad Ble	ce - Amarica ck, White, o	
2	afte afte		1 ☐ Nevar Marriad 2 反 Married	1 ☐ Yas 2 ☒ N If Yas, Giva	lo	1 ☐ Yas 2 ☑ N	o Specify:		Specif	v-	
Maryland 21215-0020	ours Feri	d by	3 ☐ Widowed 4 ☐ Divorced	Yeer or Detes:						Whi	.te
2		Completed	15. Decedant's Ed (Specify only highest grad	ucation da complated)	16a	Decedant's Usual Occ	upation a during most of w	orkina	16b. Kind of B	usiness/Ind	Justry
21	filed within Hyglene. ther than ent, the Mai	P.	Elementary/Secondary (0-12)	College (1-4or 5-	+)	(Giva kind of work dor lifa. DO NOT usa reti	red)				
7		Ö	4th grade		I	ock Worker			Transpo	rt Co	
P	be filed ntel Hygi d other event,	Be	17. Fethar's Name (First, Middla, Last)				18. Mothar's N	ema (First, Middle	, Maiden Surnan	na)	
19		70	Carmello Tuminello	0			Rose	Imbragus	glio		
and a	S D E E		19a. Informant's Name/Ralationship (T	ype, Print)	198	. Malling Addrass (Stre	et and Number or i	Rural Route Numb	er, City or Town,	, Stata, Zip	Coda)
	od 2 Ith el 27 is r treu		Mrs. Lorena Tumine	e11o	6	19 Sudbroo	k Road I	Pikesvill	le, MD	21208	
a)	ages 1 and 2 nt of Health e if item 27 is or other trai		20a. Method of Disposition		20b. Place o	Disposition (Name of ry, cramatory or other p		Dete	20c. Location	- City or To	wn, Stete
altimore,	Peges nent of i		PD Burial 2 Cramation 3 🗆					- 400 40			
==	pemit. Pege Department of Important: If any injury or ance.		4 ☐ Donation 5 ☐ Other (Specify		Lake	View Mem.		7/13/96	Sykes	ville	, MD
ā	Depariment in portion		21. Signeture of Funarai Service Licens	600		22. Nama and Add		ral Direc	tore T	nc	
7	40 = 6 d		James	15	weg	8728 Libe					21133
٥			23a. Part1. Entar tha disaasa, or comp shock, or heart failura. List only	lications that causad	tha daam. Do	not antar tha moda of d	ying, such as cardi	ac or respiratory a	rrast,		Approximate
	Physician		Shoot, or heart failura. Elst brity b	ria causa on aaci iiii	a.					1	Intarval Between Onsat and Death
	/Medical		Immedia ausa (Final		5 - 6		13-1	0 01		1	
	Examiner		disaasa or condition rasulting in daath)	θ	set	513	Bact	erial		1	
		ē			Dua to (or as a	consequance of):				1	
	nsit and	Examiner		b. ————		3				<u> </u>	
	and and il-tra	xai	Sequantially list conditions, if any, laading to immediate	ı	Dua to (or as a	consequence of):				į	
68760,	be a lotar	<u>a</u>	Causa (Diseasa or injury	c						i	
8	the deeth certificate be axecuted y the attending physician and sched for use as the burial-transit	edical	that initiated evants rasulting in daath) Last	C	Due to (or es e	consequence of):				į	
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Вох	attendir for use	an	-	0							
	dee od fo	Physician/I	Part It. Other significant conditions co	ntributing to death bu	t not resulting i	tha undarlying causa	givan in Part I.	23b. Dld	tobacco use co	ntribute to	the cause of death?
0.	by the	h						10	Yes 2 No	3 Prob	oably 4 Unknown
	s tha	by F						-			
ĕ	law requires that the de as been signed by the 2 should be detached							24a. Was	an autopsy	24b. Wa	are autopsy findings
္ပ	y rec	et						perfe	ormed?	cor	allabla prior to mpietion of cause
9	a	Completed								OI C	death?
<u></u>	cate ha							1 🗆	Yas 2/20,No	1[]Yas 2□No
Ë	ician: The cartificate rector, pag	Be	25. Was case refarred to medical axaminar?	11				eath (Check only	ona)		
	Physician: rithis cartific and director,	P	1 ☐ Yes 2 No	Hospital:	nt 2 ER/O	tpetient 3□ DOA	Othar: 4□ Nursing	Home 5 ☐ Ras	dence 6 Oth	ar (Specify	1)
0	ding Pi After th funera		27. Mannar of Death 1. Natural 5 ☐ Panding	28a. Date of trijung (Month, Day	Year) 28b.	Firma of 28c. In Nigery	jury at /ork?	28d. Dascribe	how Injury occur	red	
Division of Vital Records,	Attending r death. ector: After by the fune	atic	1 Natural 5 Panding Invastigation	(11111111111111111111111111111111111111			☐ Yas 2 ☐ No				
<u>S</u>	Afte or de by th	Ific	3 ☐ Suicida 6 ☐ Could not be 4 ☐ Homicida datarmined	28a. Place of Inju	ry - At homa, fa	rm, straat, factory, offic	0		Street and Numl	per or Rura	Routa Number,
ā	d Pin	Certification:	- I nomicida	building, afc.	. (Spacity)			Chyor 10	wn, State)		
	To the Hospital or Attending Physician: within 24 hours effer death. To the Funeral Director: After this cartific, completely filled in by the funeral director.		29a, Certifier 1 Certifying Phy	sician: To the best of	f my knowledge	, daath occurred at tha	time data and plac	ca and due to tha	causa(s) and ma	annar as si	ated
	Pur Fur etely	edical	(Check only one) 2 Medical Exam	nar: On the basis of and menner stal	examination an	d/or invastigation, in my	opinion, death oc	curred at the time,	data and place,	and due to	the cause(s)
	the state	M	29b. Signature and title of certifier.	ano monitor stat		29c. Lica	nsa number		29d. Data şigne	d (Month	Day Year)
	F 2 F 8			, 10				29033	7/9	10	Jay, roar,
			- millon La	utillen	0		402321AC		1//	116	
			30. Name and addrass of person who o	omplated causa of de	ath (Itam 23a)	(Type, Print) 240/	W. BELVE		0 /	0	,
			SINAI H	OSPITAL		BALT.	MD	21215	HUThony	CAS	TEL byono, M
	Sta	te	31. Data filad (Month, Day, Year)	32. Registre	r's Signatura	1			7		,
	Registr	ar	JUL 11 1996	which was door	Managa	2					
_		_									



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Dharita		7 item 10e per FH 7 item #19b, filmg 737 1. Decedent's Neme (First, Middle, L		per fh Ce				2. Dete of De			Time of Death
Physicia /Medic		JAMES		TUCK	ŒR			JULY	8, 19	96° (08:30 A
Examin	er	4a. Fecility Neme (If not institution, gi						or Location of Deeth		ty of Deeth	
uneral		JOHN HOPKINS 5. Social Security Number 6.		(In yrs. last birthday	If Under	1 Year	BALTIM			IMORE, C	
rector		250-38-4249 Usuel Residence of Decedent	1⊠M 2□F	68 Yrs.	Months	Deys	Hours M	8. Date of Bir (Month, De 1/1/192	ÿ, Yeer) 28	GEORGET	(State or Foreig OWN, SC
ai, or items 23a or 28a-i show Examiner must be notified at	Director	MARYLAND BALTI	MORE, CITY	l0c. City, Town or L	ocation	BAL	LTIMORE				nside City Limits ☐XYes 2☐ No
20 20	Dire	10e. Street end Number			10f. Zip	Code			7	Whet Country?	
ONE	era	914 LAKEWOOD AVE	12. Was Decedent Ev		Man Dagad	and and I	21213	21.205	U.S.,	A.	ation.
ENGINE IN	by Funeral	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 X Yes 2 No If Yes, Give Year or Detes: C	KUREAN	If Yes, speci			(Specify Yes or No arto Rican, etc.)	Speci.	eck, White, etc.	
	Completed	15. Decedent's E (Specify only highest gr	ducetion ede completed)	16e. Dece (Give	dent's Usue kind of work DO NOT use	Occup done	pation during most of w	rorking	16b. Kind of E	Business/Industr	у
	duic	Elementery/Secondary (0-12)	College (1-4or 5+)		EL WOF		•		DETUI C	HEM STE	EL COD
	Be C	17. Fether's Name (First, Middle, Las	"	JIL	LL WOI	/I/LI		ame (First, Middle,			EL COK.
	ToB	ALLEN TUCKER					ELIZA	TUCKER			
		19e. Informent's Neme/Relationship EVON TUCKER(WIF						Rural Route Number BALTIMOF			
		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci		20b. Plece of Disponentery, cre GARRISO	matory or oti	her ple	^(ce) 7/15/19	Date 96		- City or Town,	
a al	4	23er Part 1 Edfor the disease, or con shock of heart failure. List only	plications that caused the one cause on each line.	1	300 EL	JTAV	V PLACE	NERAL HON BALTIMORE lac or respiretory en	MARYL.	Apr	17 proximate rvel Between set end Deeth
er	ē	disease or condition resulting in deeth)	0.	s to (or es e conse	quence of):					1	
	Examiner	Sequentially list conditions, if eny, leading to immediate ceuse. Enter UnderlyIng Ceuse, (Disease or Injury	b	e to (or es e conse	quence of):						
	S S	that initiated events resulting in death) Lest	d.	e to (or es e consec	quence of):						
	clan	Date Other Land								1	
	by Physician/M	Pert II. Other algorificent conditions of	0	on que	inderlying ca	use gr	ven in Pert I.			ontribute to the 3 ☐ Probably	
	Completed							perfo	en eutopsy rmed?	eveilabl	utopsy findings e prior to tion of cause
	E							Inspe	es 28 No		2 No
		25. Wes cese referred to medical					26. Place of D	eeth (Check only o		120.19	2010
	0	exeminer? 1 ⊑Yes 2 □ No	Hospitai: 1 ☐ Inpatient	2 XER/Outpetier	nt 3 DOA	Oth	or:	Home 5 ☐ Resid		her (Specify)	
		27. Menner of Deeth 1 Neturel 5 Pending 2 Accident Investigatio	28a. Dete of Injury (Month, Dey Y	28b. Time o		c. Injur Wor		28d. Describe h			
completery filled in by the funeral director, page	Certification:	3 ☐ Sulcide 6 ☐ Could not be determined	28e. Plece of Injury building, etc. (- At home, ferm, str Specify)	reet, factory.	office		28f. Location (S City or Tow	Street end Numi m, Stete)	ber or Rural Roo	ite Number,
	_	29a. Certifier 1 Certifying Ph (Check only one) 2 Medical Exar	ysician: To the best of miner: On the basis of ex	aminetion end/or in	n occurred et vestigetion, i	the tin	me, dete end place	ce, end due to the courred at the time, o	euse(s) end m	enner as steted end due to the	ceuse(s)
:	밌	01107	end menner stated	l.							

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

MALYDMAN A COMMUN 111 Pen

31. Date filed (Month, Day, Year)

32. Registrer's Signature 111 Penn Street, Baltimore, Maryland 21201 whia Davidson

O.C.M.E.

29d. Dete signed (Month, Dey, Yeer) JULY 8, 1996

State Registrar

12.0 S N

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

					Certificate d	of Death		Reg. No.		•
<u> </u>		1. Decedent's Nema (First, Middle, La	rst)				2. Dete of D	eeth	3. Time of D	eath
Physic /Med		RAYMOND THOMAS	S				JULY	1 0 1	996 4:11AM	1
Exam		4e. Facility Nama (If not institution, given	a street and number)			4b. City, Town,	or Location of Dea	th 4c. County	of Deeth	
		Fort Washin	gton Ho	spita1		Fort Wa	ashingt	on Prir	nce George	
unera recto			Sax 7. Ag	e (in yrs. lest birtl 5	mdey) If Under 1 Ya Months De		lin. (Month, D	irth ey, Year) 11,190	9. Birthplece (Steta or I Country) 1) Virgin	Foreign ia
>		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City, Town	or Leasting				101111	
If flam 27 is marked other than "natural" or items 23s or 28s-1 show or other traumstic event, the Medical Examinat must be nothed at	10	Maryland Prince	Coorgo						10d. Inside City 1 ☐ Yes 2	
E S	Director	10e. Street and Number	e George	rorest		12		40.00		. 29 110
at be	al Dir	7103 Donnell P.	lace #C6		10f. Zip Cod 2074			10g. Citizen of V	what Country?	
3	Funeral	11. Meritel Stetus	12. Was Decedent Armed Forces?	Ever in U,S.	13. Wes Decedant	of Hispanic Origin?	(Specify Yes or N		ce - American Indien,	
EXECUTA	b	1 ☐ Never Married 2 💢 Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yas 2 ☑ If Yas, Giva Yeer or Detas:		1 ☐ Yes 2 ☐	Cuban, Mexican, Pu No <i>Specify:</i>	ento rican, etc.)		ck, White, etc. V: Black	
200	Completed	15. Decedent's E (Specify only highest gr	ducation ede completed)	16e. l	Decedent's Usuel Oc 'Give kind of work do life. DO NOT use re	cupation ne during most of	workina	16b. Kind of B	usiness/Industry	
	mpi	Elementery/Secondery (0-12)	College (1-4or	D+)		tired)		II S Do	stal Serv	ice
		7th 17. Father's Nama (First, Middle, Last)	Cle	rĸ	18 Mother's I	Name (First, Middle			100
	To Be	Unknown	,			Fanni			10)	
		19a. Informant's Name/Reletionship (Type, Print)	19b.	Meiling Addrass (Str	eet and Number or	Rurai Route Numi	ber, City or Town,	State, Zip Code)	
		Louise Cheel	k -Daugh	ter 71	03 Donne	ell Pl.:	C6 For	estvil1	e,Md.2074	7
		20e. Method of Disposition 15€ Burial 2 ☐ Cremation 3 ☐	Removal from State	20b. Plece of cemetery	Disposition (Neme or cremetory or other	plece)	Deta	20c. Location -	City or Town, Steta	
		4 Donation 5 □Othar (Special		Lincol	n Memor:	ial Cem	7/13/9	5 Suit1	and, Maryl	and
once.		21. Signeture of Funerel Service Lice	nsee	4	22. Nama and Ad	dress of Fecility FUneral	Sorvice			
0		Robert B	Baker	yr	2605 S.S	Shirling	tton Ro	ad Arli	ngton, Va.	
		23a. Pert1. Entar tha diseese, or com shock, or heert feilure. List only	plications that cause one cause on each li	daath. Do n	ot enter the mode of	dylng, such es card	liec or respiratory	errest,	Approximete Intervel Between	en
n									Onset and De	ath
al er		Immediata Ceuse (Final disease or condition resulting in deeth)	a	A.S	.C.V.D				YEARS	
		resulting in dootily		Due to (or as a co	onsequence of):					
	Ě		b. ————							
	Examiner	Sequentielly list conditions, if eny, leeding to immadiete cause. Enter Underlying Ceusa (Diseesa or Injury		Due to (or as a co	onsequance of):					
		I that infleted events	C	Due to (or as a co	needilance of):				1	
	Medicai	resulting in deeth) Last		Due to for as a co	risequalice or).				1	
	Physician/		d						İ	
	iysi	Pert II. Other significant conditions of	ontributing to death b	ut not resulting In	the underlying cause	given in Pert I.			ntributa to the causa of	
	by Pi	DEHYDRATION PNI	ALNOMUE	·			1	Yee 20 No	3 Probably 4 □ Ur	nknown
should be det	90						24a. We	s en autopsy	24b. Were eutopsy fine evailable prior to	dings
2010	Completed						_ pen	ormed?	completion of cau	Isa
	E						10	Yes 2√2 No	1 ☐ Yes 2 ☐ N	0
	BeC	25. Wes case referred to medical				26. Place of I	Death (Check only			
	10	examiner? 1 □ Yas 2 No	Hospitel:	ent 2 ER/Out	petient 3 DOA	Other: 4 Nursin	g Homa 5 ☐ Ras	idance 8 Oth	ar (Specify)	
		27. Manner of Death 1X□Naturel 5 □ Pending	28a. Dete of Inju (Month, Da	ry 28b. Ti		njury at Work?	28d. Describe	how injury occur	red	
	cat	2 Accident invastigetio 3 Suicide 6 Could not b				I □ Yas 2 □ No	201 1	/O:		
	Certification:	4 ☐ Homicide determined	28a. Plece of Inj building, et	ury - At nome, ten c. <i>(Specify)</i>	n, streat, factory, offi	Ce		own, Stete)	ber or Rurai Route Numbe	97,
	edical C	29e. Certifier 157 Certifying Ph (Check only 2 Medical Exar	ysician: To the best niner: On the bests of end mannar st	examination end	deeth occurred et the for Investigation, in m	e time, dete end pla y opinion, deeth o	ece, end due to the courred et the time	cause(s) end me , date and place,	enner as steted. end due to the cause(s)	
completely filled in by the ru	Me	29b. Signature and title of certifier			29c. Lic	ense number		29d. Date signe	d (Month, Dey, Year)	
-		1 /Au			D 1	9431		07,10,1	996	
	1 11	30. Name and address of person who	completed cause of o	eath (Item 23a) (1		ועדע		0/,10,1	0 5 5	
		FRANK M. KYAN.M	L.D. 618			#601	ОХОИ П	III MT	20745	
	ate	31. Dete filed (Month, Dey, Year)	32. Registr	ar's Signatura		. # 001	UA UN T	1 LL , 171		
legist	trar	JUL 11 19	196 g	Twidson 7	andelle					
					•					

DHMH 16 Rav 6/95

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hosts and death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

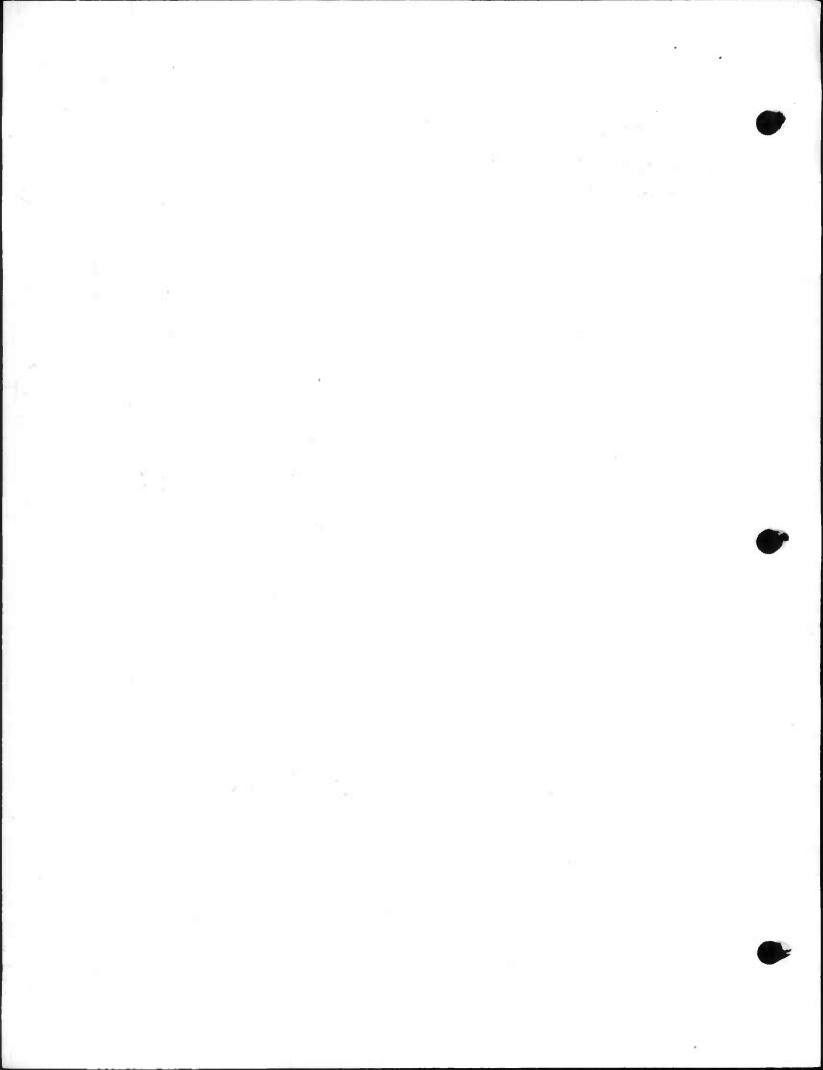
1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

-	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEMENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH
	C L/KUTH MCCOY RODERTS Vereen MONTH DAY YEAR
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vir. line) highering is supposed by the property of the property o
1	BHITH SHE CHIEF OF FORIGH
1	1 / (a 1 9 9) (4 9 1 1 1 M 2 LAF X X YRS. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1	de Bourse manage of the state o
00	Jacob Committee
ō	Covien Nursing Center (alumbia Howard
15	RESIDENCE OF DECEDENT
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
1 =	Md Howard Jessup
1	40. AVERTY AND AUTOMOTE
₹	106. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTRY?
	10142 (am) Hughts. 20794 (L.S.H.
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER-IN U.S. APPRED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RACE - American Indian.
	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuten, Mexican, Puarto Rican, atc.) Black, White, atc.
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 AIO Specify: Specify:
	1 Olace
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working
[4]	Floreston (Flore) (Floreston (Flo
급	8th NA House Keeping Hospital
COMPLETED	
8	17. FATHER'S NAME (First, Middle, Last)
BE	Mindo McCou Elizabeth Scott
	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2	Markey 63 shorts 125 Talla Augus Castaille a 10200
	Dopothy E. Roberts 35 10th Avenue Coatesville, Pa. 19320
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION — City or Town, State Competent or other place)
	4 Donation 5 Other (Specify) Ferneval from State September Cemetery 7-15-94 Cocifes VIII Pa.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
	March Funeral Home-West
1	Gabrielle Cook Haro wabash Ave Baltimore, Md. 21215
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, abook, or heart failure. List only one cause on each line. Approximate
	disease or condition resulting in death of the condition resulting in death of the condition resulting in death of the condition resulting in death of the condition resulting in death of the condition of the co
	DUE TO (OR AS A CONSCOUENCE OF):
Z	
2	Sequentially list conditions, oue TO (OR AS A CONSEQUENCE OF):
🗧	cause. Enter UNDERLYING
∺	CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF):
ΙĒ	that initiated events resulting in death) LAST
CERTIFICATION	d.
ū	
4	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 1. 24b. WERE AUTOPSY FINDINGS
EDICAL	PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE
0	1 — YES NO DF DEATH?
Σ	1 _ YES 2 _ NO
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 🗌 NO 🗗 UNCERTAIN 🔲
Ż	
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)
ICIAN	EXAMINER? HOSPITAL: OTHER:
YSICIAN	EXAMINER? 1 YES 2 DINO HOSPITAL: 1 Inpetiant 2 ER/Outpetiant 3 DOA Nursing Home 5 Residence 6 Other (Specify)
PHYSICIAN:	EXAMINER? 1 YES 2 SHO 1 Inpetiant 2 ER/Outpetiant 3 DOA DOA Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF OEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. OE\$CRIBE HOW INJURY OCCURED
Y PHYSICIAN:	EXAMINER? 1
BY	EXAMINER? 1
BY	EXAMINER? 1 YES 2 NO 1 Inpetiant 2 ER/Outpetiant 3 DOA OTHER: 1 Inpetiant 2 ER/Outpetiant 3 DOA OTHER: 1 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF OEATH 1 Nursing Home 5 Residence 6 Other (Specify) 28b. DATE OF INJURY (Month, Day, Year) M 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. PLACE OF INJURY OCCURED WORK? 28c. PLACE OF INJURY At home, term, street, tectory, office 28c. LOCATION (Street and Number or Rural Route Number, building, site, (Specify))
ED BY	EXAMINER? 1
ED BY	EXAMINER? Position
ED BY	EXAMINER? Position
ED BY	EXAMINER? POSPITAL: I Inpetiant 2 ER/Outpetiant 3 DOA DIFER: Investigation DOA DIFER: DOA DIFER: DOA DO
COMPLETED BY	EXAMINER? POSPITAL: Inpetiant 2 ER/Outpetiant 3 DOA
E COMPLETED BY	EXAMINER? Position
BE COMPLETED BY	EXAMINER? O
BE COMPLETED BY	EXAMINER? O
BE COMPLETED BY	EXAMINER? YES 2
BE COMPLETED BY	EXAMINER? O
BE COMPLETED BY	EXAMINER? YES 2

15

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State of Maryland / Department of Health and Mental Hygiene 96 20560

					Certificate of	Death	Rec	ı. No.	0 4	0000
	Dharais		1. Decedent's Name (First, Middla, I	ast)			ata of Death			3. Time of Death
	Physic /Med		SAMUEL JEUMA?	ines Vole	ini		Month 4	Day	Year	3.10 P.M.
	Exami		4a. Facility Name (If not institution, g			4b. City, Town, or Locatio		4c. County		3-10111
d .			10818 FACTOR	Y ROAD		Glen ARM	77	RAIT:	MORE	
	Funeral	П			rs. last birthday) If Undar 1 Yaar			DINI		e /State or Foreign
	Director		215 82 9430 Usual Residence of Decedent	M 2□ F 37	Yrs. Months Days	Hours Min.	Pate of Birth Worth, Day, Y	1959	Country	ca (State or Foreign) LAND
	dend %		10a. State 10b. County	10c.	City, Town or Location				10d	. Inside City Limits
	Mary f sh	ō	modern ani	08	000 12					1 ☐ Yes 2K No
	288 p	Director	10e. Street and Number	1010	GLARM 10f. Zip Code		40	0.22	10 -1 0	
	F 6 F			0			Tog		What Country	1
	ath 23	ra a	10818 FACTORY	KOAD	3105			0-3		
	ar de	Funeral	11. Marital Status	12. Was Decedent Evar in Armed Forcas?	13. Was Decedent of If Yes, specify Cub	Hispanic Origin? (Specify Span, Mexican, Puerto Ricar	ras or No- n, etc.)		e - American ck, White, etc	
21215-0020	72 hours efter death with the Maryland "netural", or items 23a or 28a-f show idical Examiner must be notified at	by	Never Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yas	1□ Yes 2⊠ No			Specify		12
2	within 72 ho jiene. r than "netur fre Medical	Completed	15. Decedent's (Specify only highest g	Education	16a. Decedent's Usuel Occu (Give kind of work done life. DO NOT use retire	pation	16	b. Kind of Bu	usiness/Indus	stry
7	c . 9	pig	Elementary/Secondary (0-12)	College (1-4or 5+)	life. DO NOT use retire	e during most of working ed)				
2		PO	12785	College (1-401 5+)	ELIRK			GIAC	T FO	Occ
		BeC	17. Father's Name (First, Middla, Las	t)		18. Mothar's Name (Firs				500
Maryland	T to o	B	MERRY A VO	JE'N'		0.0000	1 -	MG 3	11:	
2	should by and Mental marked	5	19a. Informant's Name/Ralationship	0	10h Mailing Address (Ctros	1 GERIRUD		1100	MIHI	177
<i>®</i> ∶	2 9 8 6		- 1.1.0		19b. Mailing Address (Stree	/ \ :		-		ode) 81057
-	is 1 and 3 if Health item 27 i			UON	10818 FACTOR		IN AK		IARYLA	400
0	S		20a. Method of Disposition 1 ☐ Burial ② Cremation 3		 Place of Disposition (Name of cemetery, crematory or other pla 	Da Da	18 TH 20	c. Location -	City or Town	, State
	E HE HE		4 □ Donation 5 □ Other (Spec	ity) G	REEN MOUNT IR	MAJORY 199		Allier	10 29 M	ARY AM
(m	Department of the control of the con		21. Signifure of Eugeral Service Lice	inspi	22. Name and Addre	ess of Facility	, 0	1000	0'0	MOZINIO
ä	Depa Impo any ir		1.00	> /	EVANS FU	OS RAL CHAP	57-12	THUS	1, b. U	CHICAC
			trails to	(Norm	3(150060	RTORIVE	FORES	T HU		
		3	23a. Part1. Entar the disease, or con shock, or heart failure. List onl	one cause on each line.	eath. Do not enter the mode of dy	ing, such as cerdiac or res	oiratory arrest	t,	Int	pproximate terval Between
	hysician				1				Or	nset and Daath
	/Medical		Immediate Ceuse (Final disaase or condition	Hanc	11 to Derive -)				
	Examiner		resulting in death)	a. Due to	(or as a consequence of):					
		ner		AMS	(0) 40 40 00 00 00 00 00 00 00 00 00 00 00					
	d ansi	Examiner	Conventiolly list any divine	b. / 1 /)	(or as a consequence of):					
	n an al-tr	Exa	Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury	126	(or as a consequence of):	11/ 0-1				
08/00,	Sicia		Cause (Disease or Injury that initieted events	c. 115300	minared G	MIN DISU	ise			
0	ding physician and see executed the physician and see es the bunal-transit	edicai	resulting in death) Last	Dua to	(or as a consaquance of):			0 0		
X	D 00	Σ		, my cot	racterium	avillen	com	nles!	i	
	ettend for us	ian		1		•			T.	
	been signed by the ettend should be deteched for us	Physician/	Part II. Other significant conditions	contributing to death but not r	esulting in the underlying ceuse gi	ven in Part I.	23b. Did tobs	icco uae con	tribute to th	e cause of death?
	t bat	h,					1 🗆 Yes	2⊠ No	3 Probab	oly 4□ Unknow
	be de	by F								
ecords, P	n sig	g g				2	24a. Was an a	utopsy	24b. Were	autopsy findings
3	Short	lete					parforme	d?	compl	bla prior to letion of ceuse
2	8 8 6	dr.							of daa	ith?
	pag	Completed					1 ☐ Yes	28 No	1 □ Y	as 2 No
Physician:	s certificate he director, page	Be (25. Was case referred to medical			26. Place of Death (Che	ack only one)			
> 2	S CB	To	axaminer? 1 ☐ Yas 2☑ No	Hospital:	□ ER/Outpatient 3□ DOA Oth	her: 4 Nursing Home		e 6 DOthe	or (Specify)	
DIVISION OF VITAL RECORDS,	or this eral di		27. Manner of Death	28a. Date of Injury	28b. Time of 28c. Inju		Describe how			
5	h. After funer	tio	17 Netural 5 ☐ Panding investigation	(Month, Day Yaar)		rk?]Yes 2 ☐ No				
Attanding	ofter death Director: A	Certification:	3 ☐ Suicide 6 ☐ Could not I	De Diese of faire. At			nantina (Otras	A am of Abronch	and Dural D	
2 2	ofter Direction by	Ē	4 ☐ Homicide determined	building, etc. (Spe	home, farm, street, factory, office cify)	201. 6	ocation (Strae city or Town, S	staro ivumbe State)	er or Hurai Ho	outa Number,
1 2	ST Dell									
9	une ely fi	cal	29a. Certifier Certifying P	hysician: To the best of my ki	nowledge, daath occurred at tha til nation and/or Investigation, In my c	me, date and place, and du	a to the caus	a(s) and mar	nner as state	d.
To the Hoenitel	within 24 hours efter death. To the Funeral Director: After this completely filled in by the funeral	edical	one	and manner stated.			ne ime, date	and place, a	na que to tne	3 cause(s)
To	within 24 hours To the Funeral I completely filled	Σ	29b. Signature and title of certifier	7 6 1 HHendi	ng Physi Go 129c. Licens	se number	29d.	Date signed	(Month, Day	/, Year)
			1 /0000 (1)	1/1/17.1	(111)	28625		-111-	1001	
	. ^	1	mun jumus	junuale		AUL STREET	7	CD 8	1448)
	11		30. Name and address of person whe	completed cause of death (III	offi 23a) (Type, Print)		_ ^ =		~	1
	10		DIK JAMJUEL J	wssirici	3100 ST. F	AUL SIREET	, Bay	linors	- I TAR	YLANO
	Sta		31. Dete filed (Month, Day, Year)	32. Registrar's Sig	nature				1	
	Registr	ar	JUL 11 1996	Ture was lason-1						

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DIRECTOR

FUNERAL

BY

COMPLET

BE notified

2

CERTIFICATION

PHYSICIAN: MEDICAL

BY

ETED.

COMPLI

BE

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2401 WEST BE VEGENE

HAKING

31. DATE FILED (Month, Dev. 1990)

JUL 1 1 1996

Pages 1, 2, 3

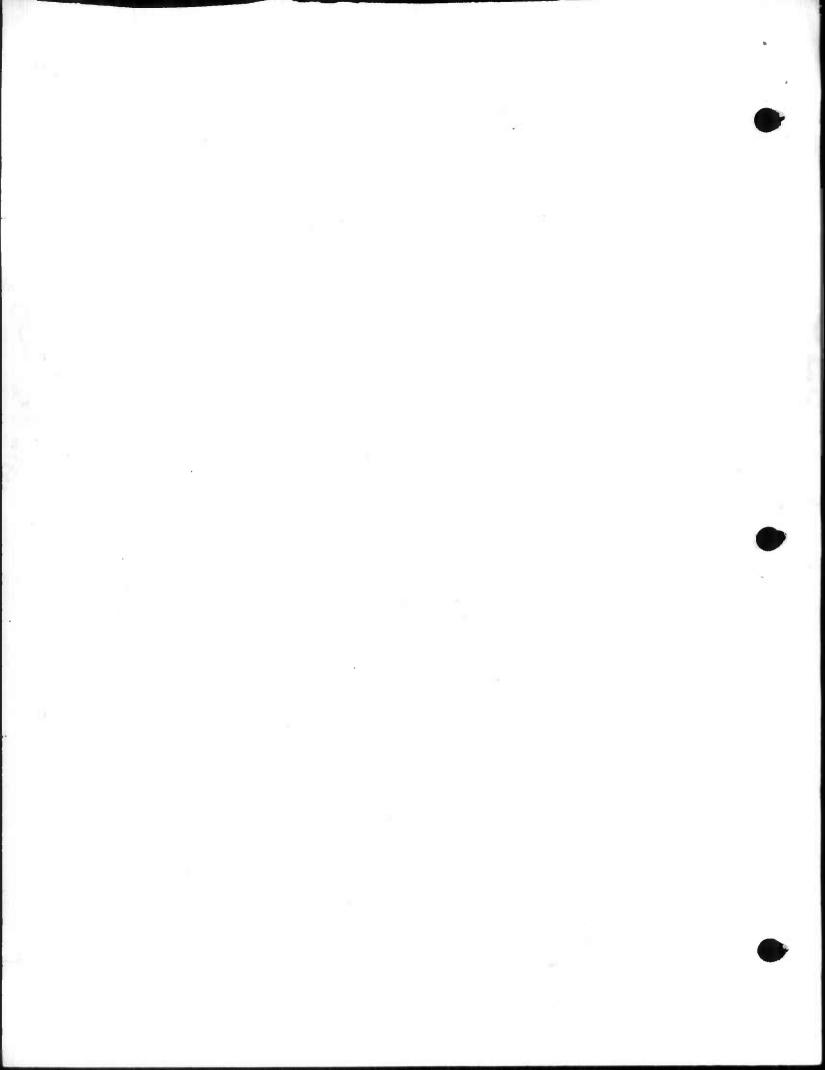
permit.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be amounted within the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and committee in by the funeral director, page 5 should be detached for use as the burn be filed within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to human, committee, or emperal.	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ENDING PI	OR: After the	8 is mart
DR ATT	DIRECTO	item 2
OSPITAL	UNERAL ithin 72	ANT: IL
TO THE H	THE FI	MPORT
-	- 0	-

96 20570 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH lehn MONTH 7:40 AM July 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 11/17/1923 6. AGE (In yrs. last birthday 5. SEX 8. BIRTHPLACE (State or Foreign DAYS ALABAMA 1 X M 2 - F 408-22-7019 9s. FACILITY NAME (# not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 3nHimore SINA HOS HOSPIT Bull NOVE K BALTIMORE, CITY 100. STATE MARYLAND 10b. COUNT 10c. CITY, TOWN OR LOCATION BALTIMORE 10d. INSIDE CITY BALTIMORE, CITY 1 X YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 21217 10g. CITIZEN OF WHAT COUNTRY? 1626 NORTH APPLETON STREET 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 $\boxed{3}$ YES 2 $\boxed{}$ NO IF YES, GIVE WARF OR DATES 6/45-10/4613. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. Specify: BLACK 1 Never Married 2 Married 1 TYES 2XXNO Specify: 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig entary/Secondary (0-12) College (1-4 or 5+) 12 0 **LABORER** UNKNOWN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) UNKNOWN UNKNOWN 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ETTA MAE VAUGHNS (WIFE 1626 NORTH APPLETON STREET BALTIMORE, MARYLAND 2121 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Nama of 20c. LOCATION — City or Town, State 1 Denation 6 Denation 3 4 Denation 6 Denation 1 Denatio Burial 2 Cremation 3 Ramoval from State GARRISON FOREST OWINGS MILL, MARYLAND 7/11/96 21. SIGNATURE OF TURN HAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL HOME PA. EUTAW PLACE BALTIMORE, MARYLAND 21217 23. PART I. Enter the diseases, or complications that seused the death. Do not enter the mode of dying, such as cerdiec or reapiratory strest, shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Cranial Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING per Englan CAUSE (Diseese or injury DUE TO (PR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? Strokes Gout AVAILABLE PRIOR TO COMPLETION OF CAUSE DabelEs 1 TYES 2 NO OF DEATH? U blee 1 TES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | YES 2 | 10 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 Natural Pending Investigation М 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) Could not be 4 Homicide 29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: best of my knowledge, death occurred at the fima, data and place, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On restigation, in my opinion, death occured at the time, data and place, and dua to the cause(a) and manner as stated. AIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) Dhr AS 2402321 JU9552

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44 22 DESK DARS SHOW LEVE DHMH-16 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Data of Death Day Month Yaar Jul 4b. City, Town, or Location of Death

1. Decedant's Name (First, Middle, Last) **Physician** MANUEL /Medical 4c. County of Death 4a. Fecility Nama (If not institution, give street and number) Examiner NORTHWEST HOSPITAL CENTER RANDALLSTOWN BALE

If Under 1 Yeer | If Under 24 Hrs. | 8. Date of Birth

Months Deys Hours Min. | APRIL 1, 1909 BALTIMORE 5. Sociel Sacurity Number 6. Sex 7. Aga (In yrs. last birthday) 9. Birthplece (State or Foraign **Funeral** 1 M 2□F RUSSTA 87 Yrs. Director 216-10-8862 Usual Residence of Decedant 10d. Inside City Limits 10e. State 10b. County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yes 2 XNo Director MARYLAND BALTIMORE BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 3609 TULSA ROAD 21207 USA Funeral 12. Was Decedant Evar In U,S Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, etc.) 14. Race - American Indian, Black, Whita, atc. 11. Marital Status 1 ☐ Yes 2 No If Yas, Give Yaar or Datas: 1 Never Merried 2 Married timore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: Specify ģ 3 ☐ Widowed 4 ☐ Divorced WHITE 16a. Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highast grada complated) 2 should be filed within and Mental Hygiene. al Hygiene. Elamantary/Secondary (0-12) Collega (1-4or 5+) OWNER/OPERATOR 12 GROCERY STORE 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middle, Maiden Sumame) marked UNKNOWN SAM WEINER DINA 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) permit. Pages 1 and 2 at Department of Health and Important: If Item 27 is n any Injury or other traum once. MRS. MOLLIE WEINER (WIFE) 3609 TULSA ROAD BALTIMORE, MD 21207 20b. Piace of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removel from Stata 4 ☐ Donation 5 ☐ Other (Specify) 7-10-1996-BALTIMORE, MD BNAI JACOB 22. Nama and Addrass of Facility
Sol Levinson & Bros., Inc. 21. Signature of Fenaral Secure Monses 8900 Reisterstown Road Pikesville, MD 21208 23a. Perti. Entar tha disease, or complications that causad tha death. Do not entar the mode of dying, such as cardiac or raspiratory arrast, shock, or heart failure. List only one causa on each line. Approximete Intarval Between Onset and Death Physician /Medical Immedieta Causa (Final CEREBROVASCULAR disaasa or condition rasulting in daath) Examiner Due to (or as a consequence of) Examiner CIDEMI physician and the buriel-trensit Sequentially list conditions, if any, laading to immadiata ceusa. Enter Underlying Ceuse (Disease or Injury that Initiated avants rasulting In daath) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760. TE MYDCARDIAL
Due to (or as e consequence of): 76 LNFARCTION Physician/Medicai ed by the el detached for Pert II. Other significant conditions contributing to death but not resulting in the undarlying ceusa givan in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detac 3 Probably 4 Unknown 1 Tyes 2 No HRONIE CASTRUCTIVE þ 24b. Ware autopsy findings aveilable prior to Completed 24a. Was an autopsy DISEASE completion of cause 2 1 No certificate 1 ☐ Yes 1 ☐ Yas 2 ☐ No or Attending Physician: after deeth. Director: After this certifica Be 25. Wes cesa rafarred to medical 26. Place of Daath (Check only ona) axaminar? Other: 4 Nursing Home 5 Residance 6 Other (Specify) 1 Yes 25 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral Certification: 27. Mannar of Deeth 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Natural 2 Accident 5 Panding 1 Yas 2 No invastigation To the Hospital or Atterwithin 24 hours after der To the Funeral Director completely filled in by the 6 Could not be 3 ☐ Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At home, ferm, street, factory, office building, atc. (Specify) 4 Homicida 1% Certifying Physician: To tha bast of my knowledga, daath occurred et the time, date and piace, end dua to the causa(s) and mannar as stated.

2 Medical Examiner: On tha basis of examinetion end/or invastigation, in my opinion, daath occurred at the tima, dete and place, end dua to tha causa(s) and mannar stated. 29a, Cartifier Medical 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Date signed (Month, Day, Year) Mohle, m.o 30. Nama and address of parson who complated cause of death (Itam 23a) (Type, Print) 21133 PMEHTA M.D. NORTHWEST HOSPITAL CENTER RANDAUSTONIN MO

32 Registrer's Signeture

State Registrar

LOGINDER

State of Maryland / Department of Health and Mental Hygiene 20572 Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Data of Death 3. Time of Death Year Month **Physician** 9, 1996 4c. County of Death WILLIAMS ELSIE JULY /Medical 4a. Facility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Deeth Columbia Howard County General Hospital Howard 8. Deta of Birth (Month, Dey, Year) Apr. 13, 15 If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Aga (In yrs. lest birthdey) Birthplece (Steta or Foreign Country) **Funeral** 1 □ M 2 XF Deys Months 267-24-6779 79 า๊ั917 Director FLUsual Residence of Decedant death with the Maryland 10a. State 10b. County 10c. City, Town or Location item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examinar must be notified at 10d. Inside City Limits MD Columbia Director Howard 1 ☐ Yas 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 11109 Wood Elves Way 21044 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☒ No If Yes, Give 11 Meritel Status Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14 Bace - American Indian permit. Peges 1 and 2 should be filed within 72 hours efter. Depertment of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or han any injury or other traumation. 1 Never Married 2 Married 1 Yes 2 No Specify: à Specify: 3 Widowed 4 Divorced Black Completed 16e. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Spacify only highast grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Biology Teacher High School 5+ 17. Fether's Name (First, Middla, Lest) 18. Mothar's Neme (First, Middle, Maiden Sumeme) Be Seth Walton Alma Short 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 11109 Wood Elves Way, Columbia, MD 21044 Rosalind Johnson (Daughter) 20b. Plece of Disposition (Name of cametery, cremetory or other plece)
Columbia Mem. Park 20e. Mathod of Disposition 20c. Location - City or Town, Stete July 1 XBuriel 2 □Cremetion 3 □Removel from Stete 13, 1996 Clarksville, MD 4 ☐ Donetion 5 ☐ Other (Specify) 22. Nama and Address of Facility
Witzke Funeral Homes, Inc. 21. Signature of Funerel Service Licensee 5555 Twin Knolls Rd. Columbia, MD 21045 23a. Part1. Enter the disease, or combinations hat caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximeta Intervel Between Onset end Deeth Physician Immediate Cause (Finel disease or condition rasulting in daeth) /Medical e. CORONARY GETERY

Dua to (or es a consequende of): 16 YEARS Examiner Examiner Vascular ARTHERD SCLEROTIC The law requires that the death certificate be executed UNKNOWN Sequentially list conditions, if eny, leeding to immediata cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting In death) Lest Due to (or es a consaquança of) P.O. Box 68760, ettending physiclan · HYPERLIPIDEMIA UNKNOWN Physician/Medical Dua to (or es a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? the 2 should be detac 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown HY PERTENSION Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? DIABETES MELLITIS certificate has OBESIT 1 ☐ Yes 2 1 No 1 ☐ Yes 2 1 No To the Hospital or Attending Physician: within 24 hours effer death.

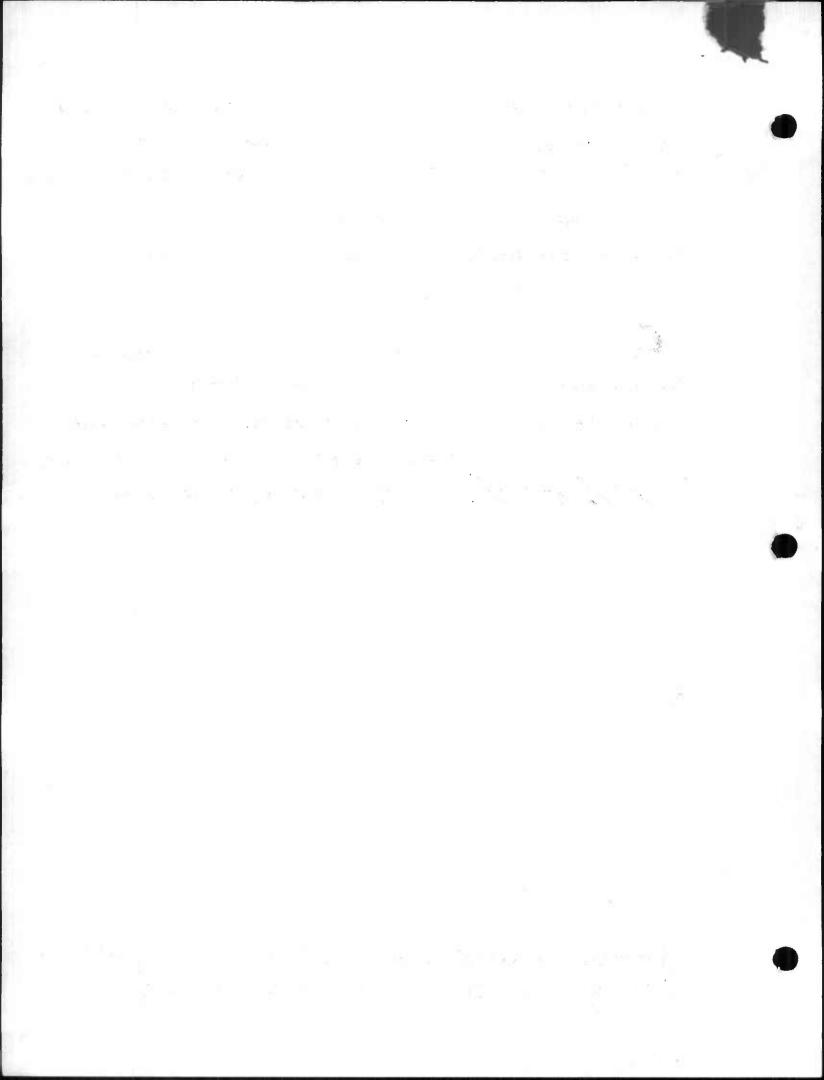
To the Funeral Director: After this certifica completely filled in by the funeral idrector, a Be 25. Wes case referred to medical examiner? 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 2 1 Inpatiant 2 ER/Outpatiant 3 DOA 27. Menger of Deeth 28e. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred injury 1 Neturel 5 Pending investigation 1 Yes 2 Accident NA NA 6 Could not ba determined 3 Suicide 28e. Place of Injury - At homa, ferm, street, factory, office building, atc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 D Homicide 1 Certifying Phyelcian: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner es steted. 29a. Certifier Medicai 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, date and place, end due to the ceuse(s) and menner stetad. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print) HUNTER, MD 22. Registrary Signature 2 KNOLL NORTH DRIVE COLUMBIA, MD 21044 31. Dete filed (Menth, Day, Year) State

Registrar

State of Maryland / Department of Health and Mental Hygiene 96 2057

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	and		Usuel Residence of Decedent 10a. State 10b. County	10c. City,	Town or Location	n				10d	I. Inside City Limits
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Baltimore,	permit. Pagas 1 and 2 Department of Haalth a Important: If Item 27 is eny Injury or other trat 900.6.		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Remove 4 ☐ Donetion 5 ☐ Other (Specify)	from State 20b. Pla	ace of Disposition metery, cremetory land Vet	(Neme of y or other plea teran	∞)July 12 Cemetery		20c. Location - Owings I		n, Stete Maryland
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State of Maryland / Department of Health and Mental Hygiene Q 5

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and w		Usuel Residence of Decedent 10e. Stete 10b. County	10c.	City, Town or Locati	ion				10	Od. Inside City Limits
Manyl f eho	0	MARYLAND BAL	TIMORE			MARK	1.71			1 X Yes 2 No
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deatl	Funeral	11. Maritei Stetus	12. Wes Decedent Ever in			Hispenic Origin? (S ean, Mexican, Puert			e - America	
or its	12		Armed Forces? 1 ☐ Yes 2 X No If Yes, Give		Yes 2 No		o Hican, etc.)		k, White, e	
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/Medic	216111	immodiate Cause (Fine) disease or condition	· aspira	Tim m	num	IMA				1 Day
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Jing Ph After th funaral	5	27. Menner of Deeth Naturei 5 Pending	28e. Dete of injury (Month, Dey Year)		28c. Inju Wo		28d. Describe h	low injury occurr	ed	
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= X# = C	Certification:	4 Homicide determined	28e. Plece of tnjury - At building, etc. (Spe	home, term, street, city)	fectory, office		City or Tow	Street and Numb m, State)	er or Rurai	Route Number,
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		NEN EUDE 1	. SCOTT, M.	D 100	N,B	W. D W.	M BA	Ilmure	S' WI) 21231
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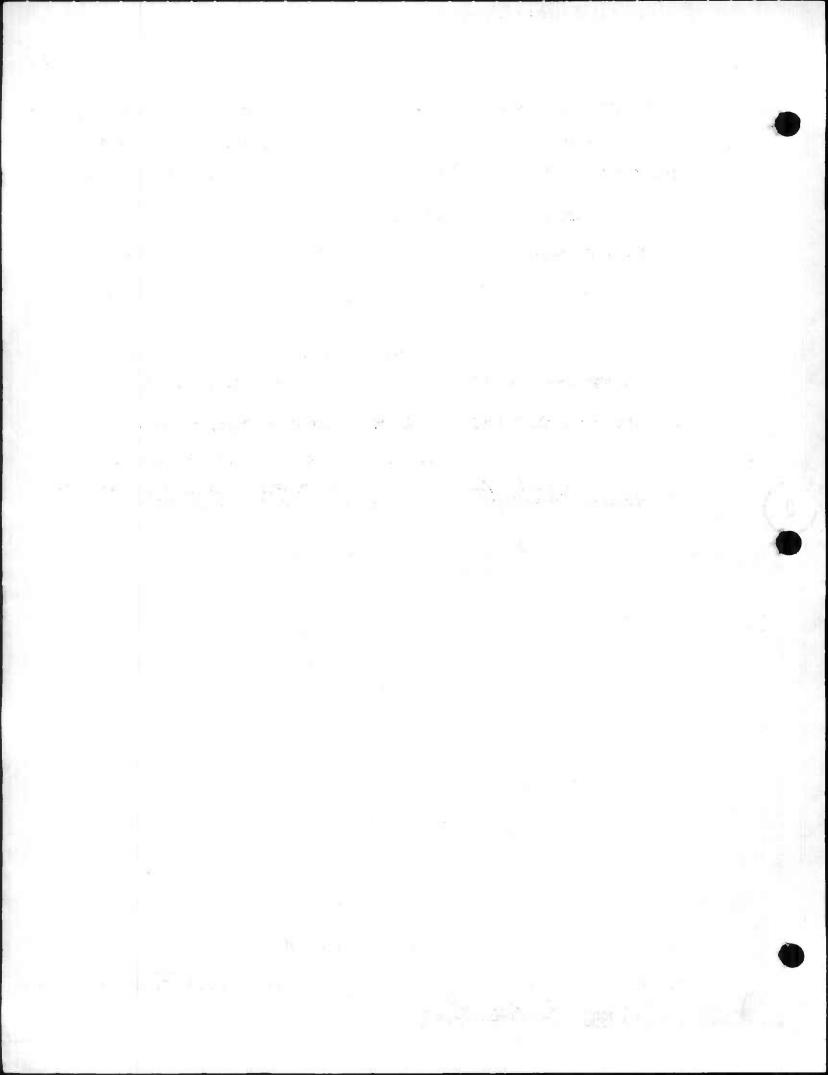
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State of Maryland / Department of Health and Mental Hygiene

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Physician /Medical Examiner Robert Henry Wehland, Sr. 4a. Fecility Neme (If not institution, give street end number) 4219 Buffalo Road Funeral Director S. Social Security Number 6. Sex 1/2 M 2 F 66 Yrs. Month July 5, 1996 3:00 am 4b. City, Town, or Location of Deeth 4c. Country of Deeth 4c. Count	_		Decedent's Name (First, Middle, La	st)		Certifica	ite of	Death	2. Dete of De	Reg. No.		3. Time of Death
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Mrs. Betty Ann Wehland (Wife) Mrs. Betty Ann Wehland (Wife) 4219 Buffalo Road Mt. Airy, MD 21771 20a. Mehlod of Disposition 10 plant	should and Me s mark	F	19a. Informant's Neme/Relationship (Type, Print)	19h	Meiling Addre	ss (Strop	t and Number or Put	rel Route Numb	or City or To	um State 7	Code
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Physician (Medical Examiner) The second of the second of			23e. Part1. Enter the disease, or comp	olications that/caused the	ne death. Do no	Syke	SV11	Le, MD 21	784 (41	0) - 795	-1400	Annovimate
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Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a	Examiner		resulting in death)					11/4-7	_			/ wers
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30. Name and address of person who completed cause of death (Item 23a) (Type, Print) DV. P. Gregory RAUSCH 50 W. Seventh Street Frederick Md 21	t the by the teche	hys								\		
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30. Name and address of person who completed cause of death (Item 23a) (Type, Print) DV. P. Gregory RAUSCH 50 W. Seventh Street Frederick Med 21	anding P seth. v: After t he funera	ation:	1 Daturel 5 Pending 2 Accident investigation		(ear) 28b. Tir				28d. Describe	how Injury oc	curred	1
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) DV. P. Gregory Rausch 50 W. Seventh Street Frederick Md 21	al or Atte	Certific	datamainad	286. Piece of Injury	- At home, fam (Specify)	, street, fecto	ry, office				ım <i>ber</i> o <i>r Rur</i> a	l Route Number,
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) DV. P. Gregory RAUSCH 50 W. Seventh Street Frederick Med 21	n 24 hourse Funeral		(Check only 2 Medical Exam	iner: On the besis of ex	camination and/	leeth occurred or Investigetion	et the tinn, in my c	me, date end plece, plinion, death occur	end due to the red et the time,	ceuse(s) end date end pta	menner es st ce, and due to	eted. the cause(s)
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) DV. P. Gregory RAUSCH 50 W. Seventh Street Frederick Med 21	Vithii Your		29b. Signature and title of certifier						T	29d. Date sig	gned (Month, i	Day, Year)
30. Name and address of person who completed cause of death (Item 23e) (Type, Print) DV. G(2c, OY C) RAUS Ch 50 W. Seventh Street Frederick Md 21 State 31. Date filed (Month, Day, Year) 32. Registrar's Signature				1/2		_	DI	16014		5 /		100
State State Street	(1)	-	30 Name and address of narrow who	ompleted acuse of deci	th (Itam 00-) C	ma Dei-th				101	7 10	1790
State 31. Dete filed (Month, Day, Year) 32. Registrar's Signature	10		No VC	01.0-1		O U	J, 5	xeventh	Stro	et Fo	rederic	k md 21
	Sta	te			-				- 10			



FILM G-737 7/12/96 t.t

ITEMS: 23 PART I, 27, PER NEO State of Maryland / Department of Health and Mental Hygiene Certificate of Death

If Under 1 Year

Months

20576

10d. Inside City Limits

Physician /Medical **Examiner**

Director

Funeral

þ

Completed

Be 2 SHIRLEY PAULINE

WELDON

2. Dete of Deeth Month Dey 28, JUNE

1996 0020AM

4e. Fecility Neme (If not institution, give street end number) 1906 EAST OLIVER STREET 5. Social Security Number 7. Age (In yrs. lest birthday) 4b. City, Town, or Location of Deeth CITY BALTIMORE

4c. County of Deeth BALTIMORE

Funeral Director

the !

7 is marked other than "natural", or items 23s or 28s-f shov Insumatic event, the Medical Examinar must be notified at

permit. Pages 1 and 2 should be filed within 72 hours eft. Department of Health and Merital hygiene. Important: If item 27 is marked other than "natural", or it any injury or other traumatic event, the Medical Expressions.

Physician /Medical

Examiner

physician and the burief-transit

use

peeu hes

this certificate

within 24 hours efter death.

To the Funeral Director: Al completely filled in hy the fire

9

To the

Box 68760,

P.O.

Division of Vital Records,

Examine

Physician/Medical

þ

Completed

Be

Certification: To

Medical

132-42-366 Usuel Residence of Decedent 10b. County

1. Decedent's Name (First, Middle, Last)

10c. City, Town or Location

Yrs.

If Under 24 Hrs. Hours Min.

8. Date of Birth (Month, Day, Yeer) 9. Birthplece (State or Foreign Country) FEB, 21,1948 NORTH CAROLINA

10e. State

BALTIMORE

IVER

1□M 20F

WYes 2□No Og. Citizen of Whet Country?

MARYLAND 10e. Street end Number

1906 1 Never Married 2 ☐ Married

12. Wes Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:

STREE

1 Yes 2 No Specify:

14. Race - American Indien, Bleck, White, etc. Specify: BLACK

USA

3 ☐ Widowed 4 ☐ Divorced

15. Decedent's Education (Specify only highest grade completed) College (1-4or 5+) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

Elementery/Secondery (0-12) 12 HAGRADE 17. Fether's Neme (First, Middle, Last)

HOMEMAKER

OWN

JOHNNY

19a. Informent's Neme/Relationship (Type, Print)

IER ELENE

Method of Disposition

Burlal 2 Cremetlon 3 Removel from State

Dogetton 5 Other (Specify)

FLEMING 20b. Place of Disposition (Name of cemetery, cremetory or other place)

1341 BLUEBERRY LANE, FT. WALTON BEACH, FL. 32547
Date | 20c. Location - City or Town, State

MT. ZION

BALTIMORE, MD, POWN JR. FUNERAL HOME

2140 N. FULTON AVE, BALTINGE, MD. 21217 Part I Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock or heart failure. List only one cause on each line.

Approximete Intervel Between Onset end Deeth

Immediate Ceuse (Finel disease or condition resulting in deeth)

ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

Due to (or es e consequence of):

Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting In death) Lest

Due to (or es e consequence of):

Due to (or es e consequence of)

Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

26. Piece of Death (Check only one)

24e. Wes en eutopsy performed?

24b. Were eutopsy findings eveilable prior to completion of ceuse of deeth?

2□ No

25. Wes cese referred to medical examiner? 1 Yes 2 No

27. Menner of Deeth

1 Naturel

2 Accident

3 Sulcide

4 Homicide

1 Inpatient 28e. Dete of Injury (Month, Dey Year)

2 ER/Outpetient 3□ DOA 28b. Time of

28c. Injury et Work?

Other: 4 ☐ Nursing Home 5 🔀 Residence 6 ☐ Other (Specify) 28d. Describe how Injury occurred

1 Yes 2 No

28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29a. Cadillos

1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es stated ner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end menner stelled.

29c. License number

29b. Signatur and title of certifier

5 Pending

investigation

6 Could not be determined

O.C.M.E.

JUNE 28, 1996

ath (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar

32. Registrer's Signeture this Devoles Rarfall

DHMH 16 Rev 6/95

29d. Date signed (Month, Day, Yeer)

appearing the grant of the THE STATE OF And T Statute of North Miles " Degree of the 184 to all post that the first and the 184 to a second of the 184 to a seco I . I thought for all contrates as

L				S	state of	Maryla		partmen e <i>rtificat</i>		Health a Death	nd M	ental Hy	ygiene Reg. No.	96	20577
r	Physici	ian	1. Decedent's Name (First, Midd	lle, Last)								2. Dete of D Month	eeth Dev	Yeer	3. Time of Death
	/Medi		ZELMA MAE	BLEV	INS							June		1996	9:00 am
7	Examir	ner	4a. Fecility Neme (If not instituted			oer)				4b. City, Tow				inty of Death	
		-	5999 Emerson 5. Social Security Number	6. Sex		A ma //m .um	s. last birthde	الرا) If Under	1 Voer	Blade	nsb	urg	Pri	nce G	eorges
	Funeral Director		225-44-0834 Usuel Residence of Decedent		2∭ F	80		Months	Deys	Hours	Min.	June 8	irth ley, <i>Year)</i> 3, 1916	Virg	place (State or Foreign ntry) inia
	hend we		10a. State 10b. County	/		10c. C	City, Town or	Location							10d. Inside City Limits
	Man	ō	Maryland Princ	e Geo	rges	B1a	adensb	urg							1 Yes 2 No
	or 28	Director	10e. Street end Number					10f. Zip	Code				10g. Citizen	of What Cou	ntry?
	23a		5999 Emerson S	treet	_					207	10		US	A	
Maryland 21215-0020	should be filed within 72 hours after death with the Maryland definite Hygiane. marked other than "natural", or items 23a or 28a-f show imatic event, the Medical Experient must be excited at	by Funeral	11. Maritel Status 1 Never Merried 2 Mai 3 Widowed 4 Divorce	ried	Wes Decede Armed Force 1 ☐ Yes 2 If Yes, Give Yeer or Dete	es? X∷No	U,S. 1:			Hispenic Orig ben, Mexican, Specify:	In? (Spe Puerto I	cify Yes or N Rican, etc.)		Rece - Ameri Bleck, White, ecify: Wh:	
2-0	72 ho	eted	15. Deceder (Specify only higher	nt's Educeti	on ompleted)		16a. Dec	pedent's Usue	ol Occu	petion	of workin	20	16b. Kind o	f Business/Ir	dustry
2	igh.	Completed	Elementery/Secondary (0-12)		College (1-4	or 5+)	_			during most	OI WOIKII	ig .			
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and	od at b	Be	17. Fether's Neme (First, Middle William Lee Ep										e, Meiden Sun Itkinso		
2	should be fand Mental Is marked of numatic eve	٦	19e. Informent's Neme/Reletion		Print)		10h Ma	iling Address	/Stron				ber, City or To		n Code)
Na Na	nd 2 alth a 27 le		Willis A. Crea										en Ard		
Baltimore,	of Hee		20a. Method of Disposition 1 Disposition 2 Cremetion	2 Dom	oual fram Ct	1	Plece of Dis	position (Nar	ne of ther ple	e <i>ce)</i>		Dete	20c. Location	on - City or T	own, Stete
Ē	Pages ment of 1 ant: If ite ury or o		4 Donetion 5 Other (S		over from St	Sc	o. Mem	orial	Gar	dens	7	-2-96	Dunki	rk, MI)
Sall	pemit. Pages Depertment of Important: If it any Injury or one		21. Signature of Funerel Service	Licensee	al			22. Neme en	d Addr	ess of Fecility	,				
	40 = 6 0		Willam	7	7/2							-		ngs, M	ID 20736
			23e. Perf1. Enter the disease, o shock, or heart feilure. Lis	r complicet t only one c	one that cau eyse of eec	sed the dea th line.	ath. Do not e	enter the mod	le of dy	ing, such es c	ardiec o	r respiretory	errest,		Approximete Intervel Between Onset end Death
	Physician / /Medical		Immediete Ceuse (Finel		0	A.	hal	JACK	~ 6	1001	-	t.Ni	FARCT	1/20	\ \\
	Examiner		disease or condition resulting in deeth)	θ	UE			sequence of):		2100			1.44.67	1011	1 201
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Box	leeth certificete be ettending physic	M/ul		d											
	deeth e ette ed for	sicla	Part II. Other eignificant conditi	one contrib	uting to deat	h but not re	sulting in the	underlying c	ause o	iven in Pert I.		23b. Did	i tobacco use	contribute t	to the cause of death?
, P.O.	The law requires that the deeth certificate be executed to be been signed by the ettending physician and page 2 should be deteched for use as the burial-trensit	by Physician/Med									_ ^	10	Yee 2□ N	lo 3 Pro	bably 4 Hnknown
Vital Records,	been sig should b												s en eutopsy formed?		ere autopsy findings veilable prior to
ပ္ပ	es be	Completed													ompletion of cause?
<u>r</u>		Con										1□	Yes SON	0 1	□Yes 2□No
Z	nysician: The nis certificate i I director, pag	Be	25. Wes cese referred to medica examiner?		rital.						of Deeth	(Check only	one)		
0	Physic this o	٦	1 Yes 2 No	Host	1 U Inp		ER/Outpet		JA	ther: 4 Nun			sidence 6 🗆		fy)
כ	After funer	tlon	1 ☐Naturel 5 ☐ Pendi	ng igetion	8e. Dete of (Month,	Dey Year)	28b. Time injury	M	8c. inju Wo	ork? ⊡Yes 2□N		edu. Describe	how Injury oc	curred	
DIVISION	Attending Physician: ar deeth. ector: After this certific by the funeral director,	ficat	3 Suicide 6 Could	not be	8e. Plece of	Injury - At	home, ferm.	street, factory	_			28f, Location	(Street and No	ım <i>ber</i> or Rur	el Route Number,
2	al or Attending Physis setter deeth. Il Director: Afler this ced in by the funeral dire	Certification:	4 ☐ Homicide	miled	building	, etc. (Spec	cify)		,				own, Stete)		
	To the Hospital or I within 24 hours efter To the Funeral Directorpletely filled in the Funeral or I was a second to the Funeral Director To the Funeral Director Funeral Direct	edical	29a. Certifier (Check only one) 1SCertifyi	ng Physicia Examiner:	n: To the be On the basi end menne	s of examin	nowledge, de setion end/or	eth occurred Investigetion	et the t , in my	ime, dete end oplnion, death	place, e	and due to the	e cause(s) end , dete end pla	menner es s ce, end due t	steted. to the cause(s)
	within To the Comp	×	29b. Signeture end title of cedific	er					_	ise number				gned (Month,	
	(MEST	ومع	e -				D	137	5,	9	7-	130	16.5
)		30. Neme end eddress of person	who comp	eted cause	of deeth (Ite	em 23e) (Typ	e, Print)				1			
			24 Date filed file-of Co. 1	MATC	HAEL B.	PEARL	MAN, M	.D.							
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DHI	MH 16 Rev 6/9			RANDA	LLSTOV	VN, MA	HYLAND	61100	50	_ 0	1000	, , , ,			
		-			1410	521-	4. T								

State of Maryland / Department of Health and Mental Hygiene 20578 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** Month Dorothy Margret Branzell 29. 1996 7:30AM June /Medical 4e. Fecility Neme (If not Institution, give street and number, 4b. City. Town, or Location of Deeth 4c. County of Death Examiner 803 Severn Avenue Annapolis Anne Arundel If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) 5. Sociel Security Number 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funeral** 1□ M 2□XF Yrs. Director 214-46-2029 May, 20, 1901 New York Usuel Residenca ot Decedent the Maryland 10e. Stete 10b. Count 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 end 2 should be filed within 72 hours efter death with the Marylar Department of Heelth and Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Mexical Examinating man be not fed as 1 Yes 2 No Director Maryland Anne Arundel Annapolis 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 803 Severn Avenue 21403 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes 2 X No If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: White 3 Nidowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education ify only highest grade completed) 16b. Kind of Business/Industry (Specify only highest g Railway Correspondent Elementary/Secondery (0-12) College (1-4or 5+) Secretary Schoo1 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be Peter Osman Dorothea Meineke 19e. Informent's Name/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Nancy Rolens-granddaughter 20b. Piece of Disposition (Name of cametery, crematory or other piece)

803 Severn Avenue Annapolis, Maryland
20c. Lication - City of Arlington. 21403 20e. Method of Disposition Arlington, 1 ☐ Buriel 2 ☑ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) June 30, 1996 Metropolitan Crematory 21. Signature of Feral Service Licen 22. Name end Address of Fecility John M. Taylor Funeral Home, Inc 147 Duke of Gloucester Street Annapolis, MD 23a. Pert1. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart feilure. List only one ceuse on each line. **Approximete** Onset and Deeth **Physician** /Medical Canon Immediate Cause (Finel disease or condition resulting in death) 2 402 Examiner ettending physicien end for use es the buriel-transit requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or es e consequence of) Pert Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Records, P.O. 23b. Did tobacco use contribute to the causs of death? signed by t 1 | Yes 2 No 3 | Probably 4 | Unknown þ 24a. Wes an eutopsy performed? 24b. Were eutopsy findings evellable prior to complation of cause of deeth? Completed hes this certificate 1 Yes 2 No 1 □ Yes 2 □ No Division of Vital Hospital or Attending Physicien: 24 hours after death.

Funeral Director: After this certifica 25. Was case reterred to medical examiner? Be 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 1□ Yes 2 No Other: 4□ Nursing Home 5 Presidence 6 □Other (Specify) Certification: To 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Day Year) 27. Menner of Death 1 Naturet 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Piaca of injury - At home, tarm, street, tectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) in by 4 Homicide within 24 hours aft To the Funeral DII completely filled in 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) and menner es steted. Medicai (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete end piece, end due to the cause(s) end menner steted. 29d. Date signed (Month, Dey, Year) 29b. Signeture end title of certifier lta Reman my 29, 1996 30. Name end eduless of person who completed cause of deeth (Item 23a) (Type, Print) Dr. John L. Hedeman 1407 Forest Drive Annapolis, Maryland

DHMH 16 Rev 6/95

State

Registrar

31. Dete filed (Month, Day, Year)

JIII 0.1 1996

32. Registrer's Signeture

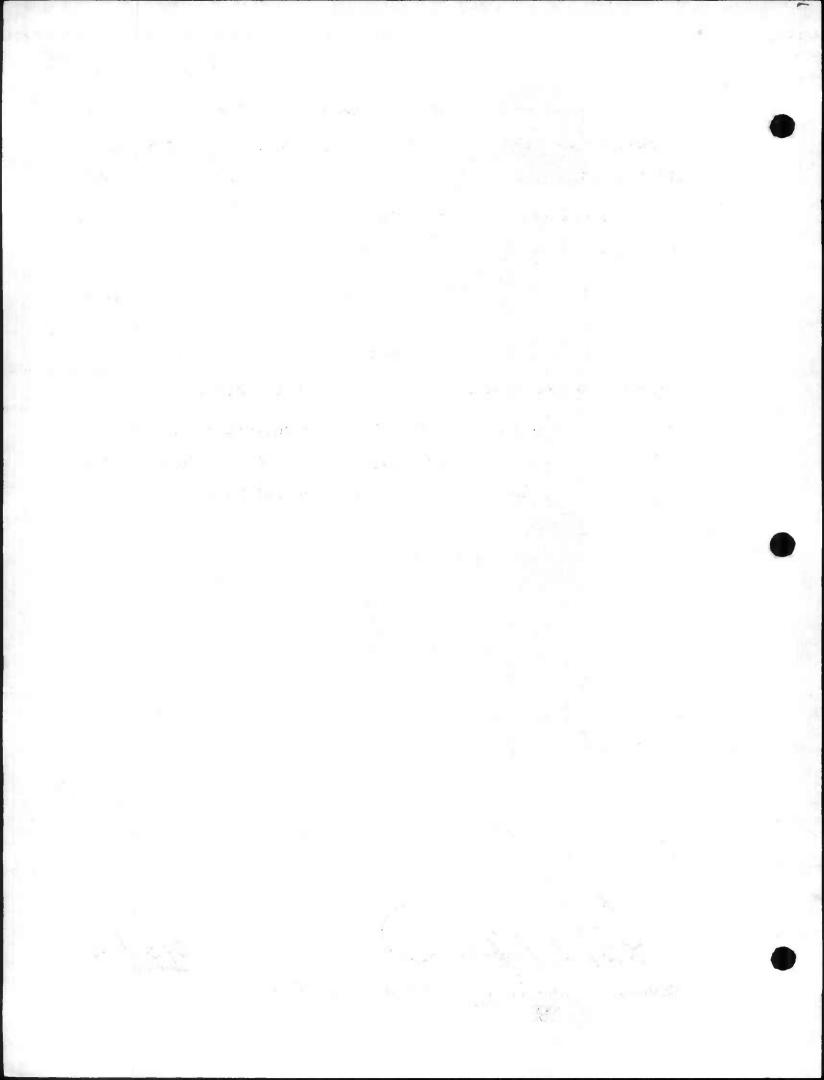
ulia Savidson-Randall

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State of Maryland / Department of Health and Mental Hygiene 9

Certificate of Death 1. Decedent'e Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** Newton Brewer June 1996 2:07 Am Lawrence /Medical 4a. Feclity Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Frederick Memorial Hospital Frederick Frederick If Under 1 Year If Under 24 Hrs. | Months Deys Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) Birthpleca (Stete or Foreign Country) **Funeral** Months MOM 20 F Yrs **Director** 212-76-2365 19 1928 Maryland Oct Usuel Residence of Deceden permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Hygiene. Important: If them 27 ie marked other than "natural", or items 23a or 28a-f ehow any injury or other traumatic event, the Medical Evanment must be notified at 10b. County 10e. Stete 10c. City, Town or Location 10d. Inside City Limits MD Frederick Frederick 1 XYes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1900 Rosemont Avenue 21702 USA Funeral 12. Was Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) Rece - American Indian, Biack, White, etc. 1 ☐ Yes 2 No If Yes, Give Year or Detes: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No white þ 3 ☐ Widowed 4 ☐ Divorcad Completed Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) none none 0 17. Fether's Nems (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumems) Be Stephen Newton Brewer 2 Ruth Chiswell 19a. Informant's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 86 Barnesville, Wm C Hilton MD 20838 20b. Plece of Disposition (Neme of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 □ Suriel 2 □ Cremetion 3 □ Removel from Stete Monocacy 6/28 Beallsville, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerei Service Licansee 22. Neme end Address of Fecility Hilton Funeral Home Kill 23a. Pen1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory effect shock, or heart failure. List only one ceuse on each line. Approximete Intervei Betw Onset end De end Dea Physician /Medical fmmediete Ceuse (Finai 48/ disease or condition resulting in death) Examiner Examiner physician and s the burief-transit Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or injury thet initieted events resulting in deeth) Lest Due to (or es e consequence of) P.O. Box 68760, Physician/Medical Due to (or es a consequence of): signed by the attending I be detached for use as Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? peed certificata has Division of Vital Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certifice 25. Wes case referred to medical exeminer? 28. Plece of Deeth (Check only one) Hospitel: 2 ER/Outpetlent
28e. Date of Injury
(Month, Dey Year)
28b. Time of Injury 1 Yes 2 No 27. Manger of Deeth Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 3□ DOA 28d. Describe how injury occurred Certification: 28c. Injury at Work? 1 Naturel 5 Pending 2 Accident 1 ☐ Yes 2 ☐ No investigation 3 ☐ Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide edical 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the ceuse(s) and mannar as steted.

Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and mannar stated. within 2 To the 29b. Signature and title of certifier 29c. License number 29d. Date elgned (Month, Dev. Year) 30. Name and address of person who complete ceuse of deeth (Item 23a) (Type, Print) 9th ST. KAUFMANN 300 FREDERICK, KOBERT (Year) State Registrar



State of Maryland / Department of Health and Mental Hygiene 9 5

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						Ce	rtificat	te of	Death		F	Reg. No.	U	200	000
-1-1		1. Decedent's Name (First, Midd	dle, Last)								2. Dete of Dea Month	th Day	Year	3. Tim	e of Deeth
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miner	-	4e. Fecility Name (If not institution	on, give s	street end nu	mber)				4b. City, Tov	wn, or Lo	cation of Death				
	Į.	LAKE LINGANC	RE						New 1	Marke	et	FREI	DERIC	CK	
eral		5. Social Security Number	6. Sex		7. Age (In yrs.	lest birthdey,	If Unde Months	r 1 Year Days		24 Hrs. Min.	8. Date of Birth (Month, Dey				te or Foreigi
tor		215-11-5023 Usual Residence of Decedent	11]M 2 X F	21	Yrs.	Morano	Duys	Tiours	Will I.	Dec. 22				ton,D
by Fineral Director		10a. State 10b. Count	у		10c. Ci	ty, Town or L	ocation						1	IOd. Inside	City Limits
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Director	2	10e. Street end Number	del 1	CK		Mew	10f. Zig					log. Citizen of	What Cour	ntry?	
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i i	5	1 Never Merried 2 ☐ Ma	rried	Armed Fo			If Yes, spe	cify Cut	en, Mexican,	, Puèrto F	cify Yes or No- Rican, etc.)		ck, White,		
2		3 ☐ Widowed 4 ☐ Divorca		If Yes, Gir Year or D	ve *		1 🗆 Yes	2 No	Specify:			Specif		ite	
		15. Decede	nt's Educ	cation		16e. Dece	dent's Usu	el Occu	petion			16b. Kind of B			
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		17. Father's Neme (First, Middle	, Last)			Doc	R IE	TEW		r's Name	(First, Middle,	News Meiden Surner			
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	'	1 Burial 2 Cremation	3 □ R	emoval from		cemetery, cre	metory or	ther ple	ice)	1	Date	20c. Location	· City or 10	wn, State)
		4 Donation 5 Other (Specify)		Re	sthave	n Men	nori	al	6	-29,96	Freder	ick,M	lary1	and
		21. Signeture of Funeral Service	License	90		2:	2. Name er	nd Addr	ess of Fecility	Stau	ffer Fu	neral :	Home		
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Г	1	23a. Part . Enter the disease, of shock, of heart failure. Lis	r complic	cations that o	aused the deat	h. Do not en	ter the mod	de of dy	ng, such es d	cardiac or	r respiretory err	est,		Approxir	nete
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		disease or condition resulting in death)	е	. —	VI	مرس بر	1109								
6	5				Due to (c	or as e conse	quenca of):						į		
Examiner			b	. ———											
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		cause. Enter Underlying Ceuse (Diseese or Injury	C.												
Medical		thet initieted events resulting in deeth) Lest	1		Due to (o	r es e consec	uence of):								
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Physician/	F	Pert II. Other significent conditi	ons cont	tributing to de	eth but not res	ulting In the u	nderlying o	ause gi	ven in Pert I.		23b. Did to	bacco uee co	ntribute to	the cau	e of death
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0	2	25. Was case referred to medical	i -						OC Disease	of Dooth			7	1,00	
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-T		7. Manner of Deeth		1 🔲 1		ER/Outpetier 28b. Time o		JA	4 LI NUI		ne 5 Reside		ner (Specif)	у) <u>LA</u>	KE
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E		4 ☐ Homicide determ		28e. Piaca buildi	of Injury - At he ng, etc. (Specif	ome, farm, sti	eet, fector	y, office		2	8f. Location (Si City or Town	treet end Numt n, Stete)	er or Rura	I Route N	um <i>ber</i> ,
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edicai	1	/Linear anny 4/2-Medical	ng Physi Examin	er: On the ba	best of my kno- asis of examina	wledge, deetl	occurred vestigetion	et the ti	me, dete end	d plece, e	nd due to the c	ause(s) end mi	anner es st	teled.	e(s)
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2	8	290. Signature and title of certific	"	0	1.1		290	. Licen:	se number		2	9d. Dete signe	d (Month, i	Dey, Year	7)
		1 Marin	to	no	/M)			OCI	ΊE			JUNE 2	5.19	196	
	3	O. Name end eddress of person	who con	npieted caus	e of deeth (Item	1 23e) (Type,	Print)	J J1					3,13	70	
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ate	3	11. Dete filed (Month, Dey, Year,			egistrer's Signe				., <i>D</i> u.			LOL Y LO	2	.120	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

See

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	1 - FOR STATE REGISTRAR	STATE OF N	AARYLAND) / DEPAR	ITMEN ICAT	T OF H	IEALTH DEA	AND I	MENTAI	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATN
		ARNES								VF 25			12:10 A M
		5. SEX	6. AGE (In yrs.	lest birthday)		ER 1 YEAR	IF UNDER	-	7. DATE	OF BIRTH	,		PLACE (State or Foreign
	214-07-2557	1 M 2 - F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	APR	.15,1	910	WES	T VIRGINI
	9a. FACILITY NAME (If not institution, give stre	,			9b. CIT	Y, TOWN O	R LOCATI	ON OF DO	EATH			INTY OF DE	
OR	CUMBERLAND NURS	SING HO	ME		CU	JMBER	RLAN	1 D			AL	LEGA	ANY
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			1 20 00								L L	
E I		- 0 8 M V		1.5		OR LOCAT							10d. INSIDE CITY LIMITS?
	MARYLAND ALLE	EGANY			<u>UMB</u>	BERLA							1 YES 2 NO
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FUNERAL	1715 BEDFORD ST						2150				U	.S.A	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	X YES 2	NO	13.	. WAS DEC!	ENDENT C	OF HISPAN	NIC ORIGIN	? (Specify Yes	or No-	14. RACE Black	— American Indian, , White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE W	WAR OR DATES				2 X NO					Specif	WHITE
	15. DECEDENT'S EDUCA	ATION		DECEDENT'S	USUAL C	OCCUPATIO	201		165	KIND OF BUS	- LUCOC/INI	- IATOV	
E	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5 +		(Give kind of v life. Do NOT us	work done	during mos	st of workin	19	100.	KINU OF BUG	JINE 39/IIVL	JUSTRY	
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COMPLETED	17. FATNER'S NAME (First, Middle, Last)					1111		HER'S NA		Aiddle, Maiden			
	(UNKNOWN)					-			E DA		Gurrian.u,		
BE (19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	3S (Street a				RK Per, City or Town	n State Zic	n Code)	
2	PATRICIA HOWARD)	i	2634							, , ,		254
	20s. METHOD OF DISPOSITION		20b. PLAC	CE AND DATE	OFDISPO	SITION (Na	me of	, 00	DATE			City or Tow	
	1 Donation 5 Other (Specify)	ral from State		SET M				D.1/					ID, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	-1-2114-3	2 F I IV									
	relland (D)	7ach.	uch		G	EORG	à E – U	PCH	URCH	FUNE	ERAL	HOM	1E, P.A.
	SUNCE / VI,				12	02 G	REF	NF	ST	CHMRE	PIA	ND M	ID 21502
	23. PART I. Entar tha diseasea, or co ahock, or haart failura. Li	ist only one cau	caused that	death. Do n ina.	iot antar	r tha mod	da of dyi	ng, aucl	h aa card	lac or reapi	retory arr	reat,	Approximata interval Batween
	iMMEDIATE CAUSE (Final disease or condition		A	1				4					Onset and Death
	resulting in death)		OR AS A CONS	ahon	-pr	rer	uu	nik	1				4 days
		DUE TO	OR AS A CONS	JEOUENCE OF	F): #								2.
O	Sequentially list conditions, b.	DUE TO	(OR AS A CONS	SECULENCE OF	n.								Lunes.
AT	if any, leading to immediata cause. Enter UNDERLYING		'ou us u cour	EUVENUE U);								
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONS	SEQUENCE OF	F):								
E	resulting in death) LAST			25 2115-1	,								j
CE	a.												-
AL.	PART II. Other algnificant conditions	contributing to	death but not	t reaulting i	n the ur	nderlying	causa g	iven in	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
8		_ UD_	}						_	1 TES 2			COMPLETION OF CAUSE OF DEATH?
W.													1 YES 2 NO
ž													
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DI	EATN (Che	eck only one)			
SI	the same of band or	HOSPITAL: 1 Inpatient 2	ER/Outpatient	3 DOA	OTHER 4 Nun		5 🗆 Ru	sidence	8 Other	(Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF ÓEATN	28s. DATE OF I (Month, Da		28b. TIMI	/	28c. INJU WOR	URY AT			CRIBE NOW IN	URY OCC	CURED	
B	1 Netural 5 Pending Investigation	,	,,		M		ES 2] NO					
	3 Sulcide 8 Could not be	28s. PLACE OF building,	F INJURY — At P	home, tarm, s	street, tact	tory, offica	1		28t. LOCA	TION (Street a	nd Number	or Rural Ro	oute Number,
E	4 Homicide detarmined								J,	7 10411, 0			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of	my knowledge,	death occurre	ed at the t	time, data	and place,	and dua	to the caus	e(a) and man	ner as atat	ed.	
OM													and manner as stated.
O I	29b. SIGNATURE AND TITLE OF CERTIFIER			_		- 1	29c. LICE						(Month, Day, Year)
8	Dele W	X	1110		MI	7	(7)	2 4	981	<i>!</i>	> /	- SIGNED	at a

296. SIGNATURE AND TITLE OF CERTIFIER

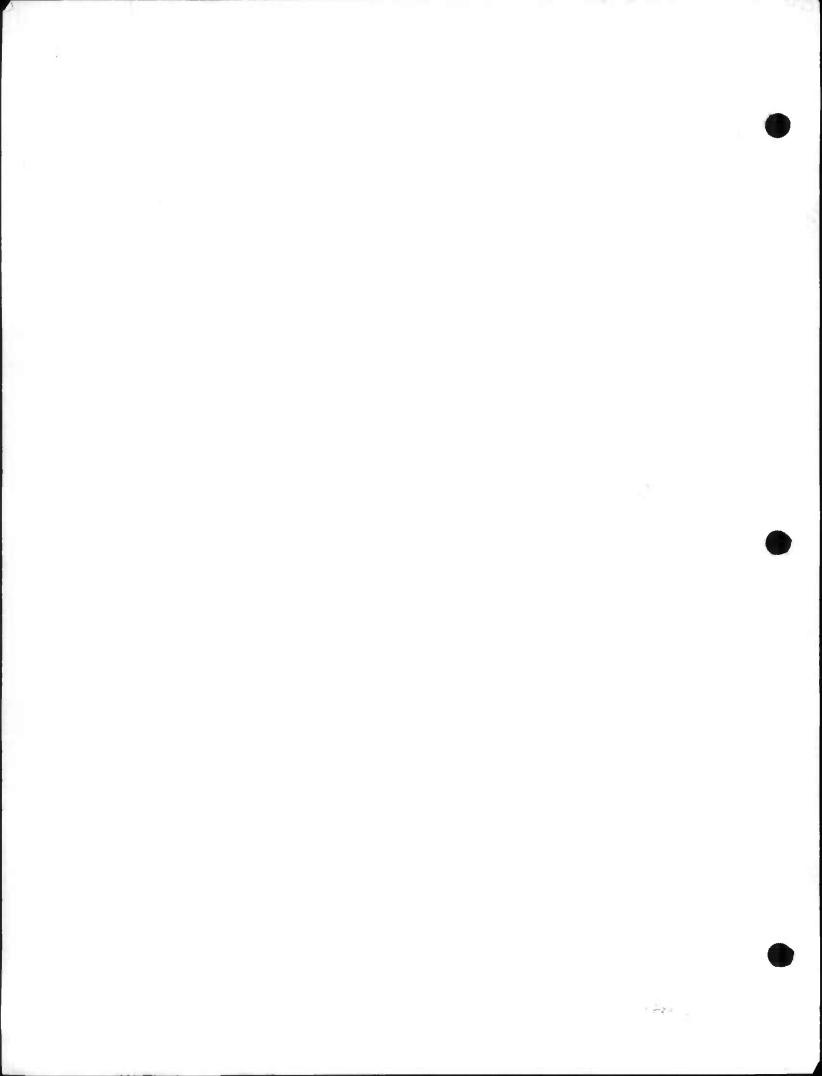
Per W 29c. LICENSE NUMBER

DEATH (ITEM 27) (Type, Print)

Ma S S 0

32. REGISTRAR'S SIGNATURE
Julia Dawdon Ronfold 1996

DHMH-16 Rev 1/89



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 20582 6128196 (b Marten Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month **Physician** BREAHANY Krehan ANONA 1996 7:20 AM 25 June /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Cumber land Memorial Hospital & Medical Center Allegany 5. Social Security Number 6. Sax If Undar 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplaca (Stata or Foraign Country) 8. Dete of Birth (Month, Day, Year) **Funeral** 1 M 2 F Months Days Hours Min. 212-38-5589 Director 92 Mar. 29, 1904 MARYLAND Usuei Residance of Decedant death with the Maryland works ! 10a. Stete 10b. County 10c. City. Town or Location 10d. Insida City Limits Item 27 is marked other than "natural", or Itema 23a or 28a-f show other treumatic event, the Medical Examiner must be nothing at CUMBERLAND 1 Nas 2 No Director ALLEGANY MD 10e Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? 21502 311 GREENE STREET U.S.A. Funeral 12. Was Decedant Ever in U,S. Armed Forcas? 11 Marital Status 13. Wes Decedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Rece - American Indian. Black, White, etc. hours efter 1 ☐ Yes 2 1 No If Yas, Giva 1) Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced Yeer or Dates: Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) permit. Pages 1 end 2 should be filed within 72 h Department of Heelth end Mental hygiena. Important: If Item 27 is marked other than "natuenty injury or other treumatic event, ma Medical 15. Decedant's Education (Specify only highest grade complated) 16b. Kind of Business/Industry ALLEGANY COUNTY Elamantary/Secondery (0-12) Collega (1-4or 5+) TEACHER BOARD OF EDUCATION 4 17. Fathar's Neme (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be JEANNETTE DARNLEY JAMES P. BREHANY 2 19e. tnformant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) ROUTE 1, BOX 506, RIDGELEY, WV 26753 JOHN BREHANY 20b. Place of Disposition (Nama of 20a. Mathod of Disposition 20c. Location - City or Town, Stata cematary, cramatory or other place) 1 Bunal 2 □ Cramation 3 □ Ramoval from Stata 4 □ Donation 5 □ Other (Specify) PARK 6/29 CUMBERLAND, MD HILLCREST BURIAL 21. Signature of Funarai Sarvice Licensee 22. Nama end Address of Fecility GEORGE-UPCHURCH FUNERAL HOME, 202 GRENE ST., CUMBERLAND, MD

23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haan failura. List only one cause on each line. 21502 Approximete Interval Batween Onset end Deeth **Physician** /Medical Immadiata Causa (Final 8 Days Acute Myocardial Infarction disease or condition rasulting in death) Examiner Due to (or as a consequance of) Examiner 8 Days Renal Failure physicien and the burial-transit certificate be axecuted Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Cause (Disaase or injury that initiated avants rasulting in daath) Lest Due to (or as e consequance of): Days Division of Vital Records, P.O. Box 68760, Cholelithiasis; Cholecystitis nding physicien Physician/Medical Due to (or es a consequance of): USB as for u ed by the el Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 20 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to Completed 24e. Was an autopsy performed? peen completion of cause of death? hes 1 ☐ Yes 2 ☐ No certificate To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certified Be 25. Was casa rafarred to medical examinar? 28. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Rasidence 8 Other (Specify) 2 1 Yas 2 No 1 Impatiant 2 ☐ ER/Outpatient 3 ☐ DOA funeral 26a. Dete of Injury (Month, Day Year) 27. Manner of Death 28d. Dascribe how injury occurred Certification: 28b. Tima of 28c. Injury at Work? 5 Panding invastigation 1 Watural 1 ☐ Yes 2 ☐ No 2 Accidant filled in by the 3 Suicida 6 ☐ Could not be datermined 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 4 Homicida edicai Cartifying Phyetctan: To the best of my knowledge, death occurred at the time, dete end place, end due to the cause(s) end manner as steled.

Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a, Cartifian completely 29b. Signature and title of certifiar 29c. License number 29d. Data signed (Month, Day, Year) June 26, 1996 D23371 30. Neme and addrass of person who complated causa of deeth (Itam 23a) (Typa, Print) DR. Qamar Zaman Johnson Heights Medical Building Cumberland, Md. 21502 32. Pagisting Sideaur Cardell 31. Data filad (Month, Day, Year) State JUN 2 8 1996

DHMH 16 Rev 6/95 12 (Bek)

Registrar



State of Maryland / Department of Health and Mental Hygiene 96

						Certi	ificate of	Death			Reg. No.			
Phys	ician	1. Decedent's Neme (First, Middle	, Last)							2. Dete of De Month	eth Day	Yeer	3. Time o	of Death
	dical	EMMETT	ELLIS		BIT	TTNE	R			June 3			4:3	O AM
Exar	niner	4a. Facility Neme (If not institution	, giva street end nu	mber)				4b. City, To	wn, or Lo	ocation of Deat		nty of Deeth		
		Memorial Hosp					William And		ber1			11egan		
Funer		5. Social Security Number	6. Sex 1 → M 2 → F	7. Aga (In y			If Under 1 Yaar Months Days		Min.	8. Date of Bir (Month, De DEC 10	rth ey, Yeer)	9. Birthp	oleca (Stete	o <i>r Foraig</i> n
Directo	or	214-07-0145 Usual Residence of Decedent	X	78		10.				DEC 10	1917		PA.	
lend we		10a. Stata 10b. County		10c.	City, Town	or Loca	ition					1	0d. Inside 0	City Limits
Mary	ğ	MARYLAND ALLEC	CANY		CUMB	ERI.	AND						₹G Yas	s 2 No
r 28a	Director	10e. Street and Number	711111		COLLD		10f. Zip Code				10g. Citizen o	of What Cour		
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in 72 hours efter deeth with the Maryland "netural", or flems 23a or 28a-f show factor Examiner must be notified at	Funeral	11. Maritel Stetus	12. Wes Dec	edent Ever in	U,S.	13. Wa	as Decedent of res, specify Cut	Hispanic Ori	igin? (Sp	ecity Yes or No	o- 14. R	ace - Americ		
or its	I.	1 ☐ Never Married 2 ☐ Marri		2 ANo			Tes, specily Cub ☐ Yes — XIX No			Hican, etc.)		lack, Whita,	atc. ITE	
rai',	þ	3 ☐ Widowed 4 ☒ Divorced	If Yes, Gi Yeer or D	Detes:		11	J Yes ZALZANO	Specify:			Spec	ify: WIII.	LIL	
27 E	Completed	15. Decedent (Specify only highes	's Education		16a. [Deceder	nt's Usual Occu	pation	t of work	ina	16b. Kind of	Business/Inc	dustry	
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rtant		4 Donetion 5 Other (Sp. 21. Signature of Funeral Service I		CU.	MBEKL		CREMAT			1990	CUMBERI	AND M	AKILA	עא
permit. Pages 1 en Department of Heal Important: If item 2 any injury or other	OUCO	A Commission	MOH	L			Name end Addr RTTT-AD.			AL HOME				
		Mall d.	Herull		4.5		RITT-AD TECAT					RYLAN		
		23a. Pert1. Entar tha diseese, or shock, or heert feilure. List	only one cause on e	eech line.	etn. Do no	ot entar	tha mode of dy	ing, such as	cardiac	or raspiratory a	irrest,	1	Approxima Intervel Be Onset end	etween
Physicia Medica/	_	Immediate Cause (Final										!	0.100(.0110	Dodiii
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that the deeth c ned by the ettenc deteched for us	Physician	Pert II. Other significant condition	ns contributing to de	eath but not r	esuiting In	the unde	erlying cause gi	iven in Pert i	l.	23b. Dld	tobacco use	contribute to	the causa	of death?
The law requiras that the sta has been signed by the page 2 should be deteched	Phy y									1页	Yes 2□ No	3 □ Prol	bebly 4] Unknown
w requires that been signed to should be det	þ				_									
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has b	ng d											of	mpletion of deeth?	cause
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ding Ph. After thi Iuneral	on:	27. Menner of Deeth 12 Neturel 5 Pending	28e. Dete (Mon	of Injury oth, Dey Year)	28b. Tir	me of ury	28c. Inju Wo			28d. Describe	how Injury occ	urred		
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or At har of hech	Certification:	4 Homicide determi	ned 200. Flace	e of Injury - At ing, atc. <i>(Spe</i>	home, ferr	n, stree	t, fectory, office			28f. Location (City or To		n <i>ber or Rura</i>	il Route Nur	n <i>ber</i> ,
To the Hospital or Attending Ph within 24 hours eftar death. To the Funeral Director: After th complately filled in by the luneral		29a Cartificat	Dhualalan Tatha		1 1	-11								
To the Hospital or Attending 24 hours elter death To the Funeral Director: complately filled in by the	edicai	29a. Certifier (Check only one) 2 Medical E	Physician: To the examiner: On the ba	asis of exemi ener steted.	netion and/	or Inves	stigation, in my	me, dete en opinion, dea	th occurr	end due to the red at the tima,	date and plec	nenner es st e, end due to	eted. the cause((s)
ithin o the	≥	29b. Signatura and title of certifiar	and main	iller steteu.			29c. Licen	sa number			29d. Date sign	ned (Month.	Dev. Year)	
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nes		Dr. D. Shah	Johnson H					Cumbe	rlan	d. MD 3	21502			
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State of Maryland / Department of Health and Mental Hygiene

Cartificate of Death

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						Ce	niticat	e o	r Death			Reg. No.		
	Physic	ian	Decedent's Name (First, Middle, L.	,							2. Date of De Month	Day	Year	Time of Death
ς.	/Medi	cal	JAMES NEWTON	BISHOP					41 Olt To	or entre	JUNE			0:39
•	Exami	ner	4e. Facility Name (If not institution, gi MEMORIAL HOSPITA		nber)				CUMBER		ocation of Deet)		of Death EGANY	
Н	Funeral		Social Security Number 6.	Sex	7. Age (In yrs.	last birthday)	If Under		ar If Under	24 Hrs.		rth .	9. Birthplace	(Stata or Foreign
L	Director		218-16-3918 Usuel Residence of Decedent	1☐M 2□F	70	Yrs.	Months	Day	s Hours	Min.	8. Dete of Bi (Month, Di JAN 19	1926	MARYLAN	(Stata or Foreign ID
	and and		10a. State 10b. County		10c. Ci	ity, Town or Lo	ocation						10d. ir	side City Limits
:	Mary Fied	to	MARYLAND ALLEG	ANY	CII	MBERLA	ND						1	☐ Yes 2☐ No
	7.28	Director	10e. Street end Number	IIII	- 00	HELICELL	10f. Zip	Code	1			10g. Citizen of		
	23a o		11605 BISHOP LANE	N.E.			2	150	12			U.S.A	۸.	
3	dea	Funeral	11. Maritel Stetus	12. Wes Dece	dent Ever in U	J,S. 13.	Was Deced	dent of	Hispenic Or	lgin? (Spe	ecify Yes or No Rican, etc.)	o- 14. Rac	a - American In	dian,
,	d within 72 hours effer death with the Maryland plene. I than "natural", or flems 23a or 28a-f ehow the Wedical Exerciper must be nuithed at	by	1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	Armed For XXYes If Yes, Giv Yeer or De	2 □ No eles 1946 -		1□ Yes				riicari, etc.,	Specify	THITTI	2
	natul	Completed	15. Decedent's E (Spacify only highast gr	ducation ada complated)		16e. Deca	dent's Usua	al Occ	upation a during mos	t of work	lna	16b. Kind of B	usiness/Industry	,
	han.	ig.	Elementary/Secondary (0-12)	College (1	-4or 5+)	lifa.	DO NOT us	sa reti	red)			MEDI C /A	ATT TEMADS	7
			12 17. Father's Name (First, Middla, Las	1		U.S.A	RMY		10 Math	orlo Mano	. /Circl Middle	MEDIC/ N , Maidan Suman	ILLITARY	
	ges 1 end z should be filed to f Health end Mental Hyg if Item 27 is marked other or other traumatic event,	Be	NEWTON BISHOP	,					EDITH			i, Maidan Surrian	14/	
	should be and Mental I marked of umatic eve	2	19a. Informant's Name/Relationship	(Type, Print)		19b. Malli	na Address	(Stre				per, City or Town,	Stata Zin Code	a)
	trau		DELORES BISHOP	WIH	ĒΕ							ND MARYI		
	f Health tem 27 I		20a. Method of Disposition		20b.	Plece of Dispo	osition (Nan	na of	la a a l		Dete	20c. Location	City or Town, S	State
	reges nent of I ant: If Ite ary or o		1 X xurial 2 ☐ Cremetion 3 [4 ☐ Donetion 5 ☐ Other (Speci			<i>ce</i> mata <i>ry,</i> c <i>r</i> ai KY GAP				JULY	7 2 199	6 FLINTS	STONE RI	D MD.
	교원관등 .		21. Signature of Funeral Service Lige								RAL HOM			
ŕ	Depe Impo		1300 411	SWA								.c LAND MAI	ON AND	
			23a. Pert1. Enter the disease, or con	plicetions that ca	aused the dee								App	roximate
F	hysician		shock, or heart failure. List only	one cause on e	ach line.								Ons	val Between et and Death
	/Medical		Immediate Cause (Final disease or condition	MYC	CARDIA	T. TNFA	RCTTO	N					1	MIN.
t	Examiner	١.	resulting in death)	a		or as e consec								
	p %	ine	_	ART	CERIOSC	LEROTI	C CAR	DIC	VASCUI	LAR I	DISEASE		10	YRS.
	end end Ftren	Examiner	Sequentially list conditions,		Due to (or as e consec	quence of):							
	cermicate be executed rding physicien and use es the buriel-trensit		Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initieted events	C										
	phys the	8	resulting In death) Last		Due to (d	or as a consec	quenca of):						į	
	ding se est	//Medical		d										
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	es thet the death igned by the ette be deteched for	Physicial	Part II. Other significant conditions	contributing to de	ath but not res	sulting in the u	inderlying c	euse (given in Part	l.		tobacco use co Yes 2□ No	3 ☐ Probably	/
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-	- w -	8										an autopsy		utopsy findings e prior to
	aw requ	Completed									peri	ormed?		ion of cause
1	2 2	E									10	Yes 200 No	1 ☐ Yes	2 □ No
		BeC	25. Was case referred to medical						26. Place	e of Deatl	h (Check only	ona)		
1	0 0	ToE	examiper? 1 ☑ Yes 2 ☐ No	Hospital: 1 🗆 II	npatient 2 🛚	ER/Outpetier	nt 3 DC	DA C	Other: 4 🗆 No	ursing Ho	me 5 Res	ldenca 6 □Oth	er (Specify)	
	After th funeral		27. Manner of Death 1 ☑Natural 5 ☐ Pending	28a. Date of	of Injury h, Day Year)	28b. Time o	of 2	8c. In	jury at ork?		28d. Describe	how injury occur	red	
	Attending or death. octor: After by the fune	atic	2 ☐ Accident investigation	n		,,	М		☐ Yes 2☐	No				
44.6	offer deat Director: J in by the	Certification:	3 ☐ Suicide 6 ☐ Could not to determined	286. Place	of Injury - At h		reet, factory	, offic	е			(Street and Numl wn, Stata)	per or Rural Rou	ita Number,
Jan 1	ral D													
11000	to the nospital or Attendang Fri within 2 A hours effect death. To the Funeral Director: After this completely filled in by the funeral	edical	29a. Certifier 1 Certifying Place (Check only one) 2 Medical Exa	miner: On the ba	sis of examina	owledge, deati ation end/or in	h occurred vestigation,	at the , in my	time, date ar oplnion, dea	nd placa, ith occurr	and due to the ed at the time,	cause(s) and made, date and place,	anner as stated and due to the	cause(s)
Alba	within 2 To the comple	Med	29b. Signeture end title of cartifier	and mann	er stated.		290	. Line	nse number			29d. Date signe	d (Month, Day	Year)
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	/		11/				- K		790	/ *		BALIK O	1,12	>
7	228		30. Name and address of person who					מאו	CIMPE	RI ANI	MADVI	AND 21	502	
pr.	W 126.1		LIS DIDIAL. DIMANAL.	רנויוא ח.	DI 14 O / C	i Dr.Drtl	INTERNATION	MII	A LUMB D. C.	DIANI	PIART	MINII /	111/	

State Registrar

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 20585

					Cer	tificate	of L	Death			Reg. No.		
Physic	ion	1. Decedent's Name (First, Middle,	Last)							2. Dete of De Month			3. Time of Easth
Physici /Medi		MARIE ELL		RYANT						JUNE	29,199	9 6	15:25
Examir	ner	4a. Fecility Neme (If not institution,					41	b. City, To	wn, or Lo	ocation of Deet	h 4c. Count	y of Death	
		FORT WASHING			NTER					ington		NCE GI	EORGES
Funeral			S. Sex 1□ M 2□ F	7. Age (In yrs. last		If Under 1 Months I	Year Deys	If Under :	24 Hrs. Min.	6. Dete of Bi			e (State or Foreign
than "netural", or items 23a or 28a-f show the Medical Exercited at the		577-54-9640 Usuel Residence of Decedent	XX	87	7 113.					May 19	, 1909	Washi	ngton DC
MO TE		10e. State 10b. County		10c. City, T	own or Lo	cation						10d	. Inside City Limits
28a-f show	to	Maryland Charle	S	Wal	dorf								1 ☐ Yes �� No
than hatural, or items 23s or 28s4 st the Medical Exeminer must be notified	Director	10e. Street end Number				10f. Zip Co	ode				10g. Citizen of	Whet Country	7
23a c	alD	1108 Universi	ty Place				20	602			United :	Ctataa	
Items iner m	Funeral	11. Marital Status	12. Was Dec	edent Ever in U,S.	13. V	Vas Deceden			gin? (Spe	ecify Yes or No Rican, etc.)	- 14. Re	ce - American	
5		1 Never Married 2 Marrie		200No				Specify:	, Puerto	Hican, etc.)		ck, White, etc	
ag .	d by	₩Widowed 4 Divorced	Yeer or D			□ Yes 2□	XX	эреспу.			Specif	White	te
polical Exam	Completed	15. Decadent's (Specify only highest	Education grade completed)	1	6a. Deced	lent's Usuel C kind of work of OO NOT use	ocupe	tion u <i>ring</i> most	of worki	ina	16b. Kind of B	Jusiness/Indus	itry
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		17 Fathara Nama /First Atiddle 1	net)		Offic	ce Cle	ean:			4891	Office	Build	ling
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r traumatic evant,		19e. Intorment's Neme/Reletionshi Raymond Bryan									er, City or Town		ode)
lury or other t		20e. Method of Disposition	ic, Di.			sition (Name		-y PI	ace,	Dete	of, Mary		Chaha
5		1XXQuriel 2 ☐ Cremetion 3		Stete	etery, crem	atory or other	r place				20c. Location		
6 .		4 Donetion 5 Other (Spe 21, Signature of Funeral Service Li	-	Ceda	r Hil	1 Ceme	eter	y Ju	ly¦8	, 1996	Suitla	and, Ma	ryland
once		21. Signature of Juneral Salves D	10 11	/	7.1	. Neme end A	Addres:	of Fecility	Lee	Funera	Home, I	Inc 663	3 Old
		MANK	Mar	-							con, Md 2	20735	
		23a. Part1. Enter the diseese, or co shock, or heert teilure. List or	ly one ceuse on e	aused the death. L ech line.	Jo not ente	er the mode o	f dying	, such es d	cardiec c	or respiretory e	rrest,	In	pproximete tervel Between nset end Deeth
	cal Examiner	resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	b	Due to (or es	e consequ	uenca ot):							
089 B	n/Medical	resulting in deeth) Last	d	Due to (or es	e consequ	ienca of):							
be deteched for	Physician	Pert tt. Other significant conditions	contributing to de	eth but not resultin	a in the un	deriving caus	e dive	n In Pert I		23h Did	lohacco use co	intribute to th	e cause of death?
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											en eutopsy	24b. Were	eutopsy tindings
N	ple											comp of dea	letion of cause eth?
200	Completed									10	res pano	1 🗆 Y	es 2 No
director, page	Be	25. Wes case referred to medical exeminer?						26. Place	of Death	(Check only o	-		
	2	XXes 2□ No	Hospitel:	npatient 20 ER/	Outpetient	3□ DOA	Other				dence 6 □Oth	ner (Specify)	
		27. Menner of Deeth 1 Naturel 5 Pending	28e. Dete d	of Injury h, Day Year) 28t	o. Time of Injury	28c.	Injury (2	28d. Describe	now Injury occur	red	
2	atic	2 Accident investiget	on 6-29	-96 1	59	6 M		es 2 N	lo /	notor u	elicle o	accide	nt
	Certification:	3 Sulcide 6 Could not 4 Homicide determine	d 28e. Plece buildir	ot Injury - At home, ng, etc. (Specify)	farm, see	et, tactory, of	fice		2	28t. Location (Street and Numb	per or Rural R	oute Number,
					(streed	_			0	on, State) g 30 G Co Mix	BIK	3417 410 .
r Gild	edical	(Uneck only 27. Medical Ex	eminer: On the ba	best of my knowled sls of examination	lge, deeth end/or inve	occurred et ti	ne time my opi	, dete end	pleca, e	and due to the	ceuse(s) end me	enner as stete	d. e cause(s)
	100	0.107	end menn	er steted.									
8	-	29b. Signeture end title of certifier	1	011		29c, L)		number			29d. Dete signe		
		Ulem	- /r	Lings			U	CME			IUNE 30	,1996)
		30. Neme end eddress of person wh											
		Dennis Chute	1	11 Penn		eet,	Ba	ltim	ore	, Mary	rland 2	21201	
Stat egistra		31. Dete tiled (Month, Day, Year)		egistrer's Signeture									
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20586 State of Maryland / Department of Health and Mental Hygiene Q &

				0.0.0	or mary land		tificate of	Death		Reg. No.	0 2	.0300
			1. Decedant's Nama (First, Mid	dla, Last)	-	111			2. Data of Dea	ith	Vana	3. Time of Death
	Physici /Medi		Ellen	S Coc	k				June June	30 1	996	3 AM
	Examir		4a. Facility Nama (If not instituti	on, giva street and nu	ım <i>ber)</i>			4b. City, Town, or Lo	ocation of Death	4c. Count	of Death	
			Anne Arundel	Medical Ce	enter			Annapol	is	Anne	Arun	del
	Funeral Director		5. Social Sacurity Number 220-16-7927 Usual Rasidance of Decedant	8. Sax 1 ☐ M 2 🔀 F	7. Aga (In yrs. las 91	t birthday) Yrs.	Months Days		8. Data of Birth (Month, Day Nov 9	1904	9. Birthp Coun Ma	laca (Stata or Foraign try) ryland
	and		10a. Stata 10b. Coun	ly	10c. City, 1	Town or Lo	cation				1	0d. Insida City Limits
	th with the Marylar 23s or 28s-f show	ō	MD Anne	Arundel		A	nnapolis	3				1 Yas 2 □ No
	tha rest	Je C	10e. Street and Number				10f. Zip Coda			log. Citizan of	What Coun	itry?
	3a o	Funeral Director	619 Ridgley	Avenue				21401		United	Stat	es
	items 2	ner	11. Marital Status		cedant Evar in U,S. orcas?	13. \	Vas Decedant of	Hispanic Origin? (Spo ban, Maxican, Puarto	ecify Yas or No-	14. Ra	ce - Amaric	
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5-0	72 hours	etec	15. Decede	ent's Education ast grada complatad)		16a. Deced	ant's Usual Occu	ipation a during most of work ed)	ina	16b. Kind of B	usinass/inc	dustry
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2	should b nd Menta marked imatic e	F	19a. Informant's Name/Relation	schip (Type Print)		10b Mailin	a Addraga /Stra	et and Number or Run			Child Tin	Code
M	d 2 shoth and 7 is material											Code)
ē,	Haalth Haalth am 27		Joseph W. Cook	, JrHust	20b. Plac	a of Dispo	Kidgley sition (Nama of natory or other pl	Avenue An	Data	20c. Location		wn. Stata
Baltimore,	permit. Pagas 1 and Department of Health Important: If Itam 27 Imy Injury or other to		1 Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other					tery 7/2/9	6	Annapol	is. N	Maryland
量	permit. Pag Department Important: It any Injury o		21. Signature of Funeral Service	- ()	/ Joeda					-		
ä	Ped Pen		40000	1 7 7		1/	7 Desle - 1	rass of Facility John Of Glouces	M. Tay	lor Fur	neral	Home, Inc.
			23a. Part1. Enter na disaasa, shock, or haart failura. Li	complication that	caused the death.						,115,	Approximata
-	Physician	1	shock, or heart failure. Li	st only one ususe on	each line.		-					Intarval Batween Onset and Death
	/Medical	w.	Immediata Causa (Final disease or condition		Kesm	111	Son	nan	Mun	(*	İ	eigh
п	Examiner		rasulting in daath)	8	Due to (br a	s a conseq	uenpa of):	-		1		1
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	tificata be axecuted g physician and as the burial-transit	Examiner	Sequentially list conditions,		Due to (or a	s a conseq	uence of)	-	1		i	. 0
50,	be ax clan	E E	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Ceuse (Disease or Injury that initiated events		KUN	rux	we !	eng a	ine	1		glen
68760,	The law requires that the death cartificate be axecutal has been signed by the attending physician and page 2 should be datached for use as the burial-tran	edicai	that initiated events rasulting in death) Last	6	Dua to (or as	, ,		10000	0- 0.	12.	- (
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P.0.	the di	Physician/N	Part ii. Other significant condit	lons contributing to d	leath but not rasultli	ng in tha ur	darlying causa g	iven in Part I.				the cause of death?
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io	ath. r: Aft	atlo	E C / NOOIGUIII	tigation	in, Day roar)	Injury		Yas 2□No				
Division	r Atta	Certification:	3 ☐ Suicida 6 ☐ Could 4 ☐ Homicide datar	mined Zoa. Place	e of Injury - At home ing, atc. (Specify)	e, farm, stre	et, factory, office	,	28f. Location (S City or Tow		ber or Rura	Routa Number,
	tal on	Ce								,,		
	To the Hospital or Attanding Ph within 24 hours aftar death. To the Funeral Director: Aftar thi completaly filled in by the funeral	Medical	29a. Certifiar 1 Certify (Check only one) 2 Medica	I Examiner: On tha b	a best of my knowle easis of axamination mar stated.	dga, daath and/or inv	occurred at tha t astigation, in my	ima, date and place, opinion, death occurr	and due to the c ed at the time, c	ausa(s) and m lata and place,	annar as st and dua to	ated, tha cause(s)
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_			30. Name and address of page MIUIMUL J. U	will completed cause	sa of death (Itam 23)	Ely /	THE STE	120 ANNIN	Das Mod	21411		
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Registrar DHMH 16 Rev 6/95

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

							Ce	rtificat	te of	Death			Reg. No.		
	Physic /Medi		Decedent's Ner	ne (First, Middle, i Vilma Bl	,	blentz						June 2	26, Day 26, 1996	Yeer	3. Time of Deeth 2:50 P.M.
	Exami		4e. Fecility Neme	(If not institution, g	nive street end n	um <i>ber)</i>				4b. City, To	wn, or Lo	cation of Deal	h 4c. Count	y of Deeth	
			6029	Holter R	d.					Jeff	erso	n	Fre	deric	ck
	Funeral Director		5. Sociel Security 202–12–4		Sex 1□M 2⊠F	7. Age (In 71	yrs. lest birthdey) Yrs.	If Unde Months	Deys		24 Hrs. Min.	8. Dete of Bi (Month, D OCt •	th Year) 1924	9. Birthp	piece (Stete or Foreign htry)
	р ,		Usuel Residence	1											
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	or 2	Dire	10e. Street end No					10f. Zip					10g. Citizen of	Whet Cour	ntry?
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	er de	Funeral Director	11. Maritel Stetus		Armed F	cedent Ever i orces?	in U,S. 13.	Was Dece If Yes, spe	dent of cify Cut	Hispenic Orl oen, Mexicar	gin? (Spo 1, Puerto	eclfy Yes or No Rican, etc.))- 14. Re Ble	ce - Americ ck, White,	
21215-0020	n 72 hours after death with the Maryland "naturel", or items 23a or 28a-f show edical Examinat must be notified at	by	1 Never Mar	ried 20 Married 4 Divorced	1 ☐ Yes If Yes, G Yeer or	2 📉 No Rive Detes:		1□Yes	210 No	Specify:			Specia	White	
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Maryland	permit. Peges 1 and 2 should be filed within 72 hours after death with the Merylar Department of Health and Mental Hygiene. Important: if fern 27 is marked other than "naturel", or items 23a or 28af show any injury or other traumatic event, the Medical Examiner must be nothed as once.			leme/Reletionship L. Coble		sband)		_				rson, N	er, City or Town		Code)
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Baltimore,	Pages nent of I int: If Ite			□ Cremetion 3 5 □ Other (Spec		Stete M	lonongehe				6	/29	Pittsbu	irgh,	Pa.
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S		Ica	2 ☐ Accident 3 ☐ Suicide	6 Could not	be ge Dies	e of Injuny - 4	At home, ferm, str			7103 201		28f Location /	Street and Num	her or Bure	al Route Number,
Division	or A after Direction by	Certification:	4 Homicide	determine	d build	ling, etc. (Sp.	ecify)	aet, lector	y, Onica		1	City or To	wn, Stete)	Der Dr Mura	ir riodie radinber,
	Hospital or Attendi 24 hours after death. Funerel Director: A stely filled in by the f		29a. Certifier	1X Certifying P	hvaician: To the	e heet of my	knowledge, deetl	occurred	at the ti	ima data an	d place i	and due to the	asusa(s) and m	00001.00.0	tetad
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			30. Neme end edd	ress of person who	completed re-	ise of death /	Item 23e) /Tune	Print)					01	- ' '	
			W	MINE	AUGH	IER,	610	9	N	ME,	0	38M M2	wlak	My	21716
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State of Maryland / Department of Health and Mental Hygiene 96 20588

				Certificate of Death Reg. No.									
Physic /Medi			1. Decedent's Neme (First, Middla, L Ruth Eliza		ſ			· -	2. Dete of D June th 2		Yaar	3. Time of Death 4:19 PM	
	Exami		4a. Facility Nam <i>e (If</i> not institution, gi Frederick Memori	al	4b. City, Town, or Location Frederick			Location of Dee	on of Deeth 4c. County of Death Frederick				
	Funeral Director	Be Completed by Funeral Director	214-10-4310								9. Birthplaca (State or Foreig Mary Tand		
Baltimore, Maryland 21215-0020	Maryland a-f show		Usual Rasidance of Dacedant 10a. Stete 10b. County Maryland Freder		Description of the control of the co						d. Inside City Limits		
	h with the 23a or 28		10e. Street and Number 118 West 14th St		10f. Zip Coda 21701				10g. Citizan of What Country? U.S.A.				
	within 72 hours efter death with the Maryland ene. then "natural, or Itema 23a or 28a-f show he Modical Expriner must be notified at	by Funer	11. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedant Evar In U Armed Forcas? 1 □ Yes 2 ☑ No If Yas, Giva Yeer or Detes:		J.S. 13. Was Dacedent of Hispanic Origin? (Silf Yas, specify Cuban, Maxican, Puarte			Specify Yas or N to Rican, etc.)		e - Amarica ck, White, a v: Whit		
	in 72 hours "natural",	eted	15. Decedant's E (Specify only highast gr	Education rade completed) Collega (1-4or 5+)		16a. Decedant's Usual Occupation (Giva kind of work done during most of work done Homemaker) Homemaker					of Businass/Industry Home		
	within ene. then	dmc	Elementery/Secondery (0-12)										
	permit. Pages 1 and 2 should be filed within Department of Heelth and Mentel Hygiene. Important: if item 27 is marked other than any Injury or other traumatic event, to a Media.	To Be Co	17. Fathar's Nama (First, Middla, Las James)	PAI	AINTER 18. Mother's Neme (First, Middle, Meiden Sumema) Florence Anna COOK							
	and 2 should selth end Men n 27 is marke		19a. fnformant's Name/Ralationship Mrs. Virginia L.		lece	19b. Mailing Add 3901 Sha	rass (Stree	ood Court,	Jeffer	per, City or Town, Son, Mar	Stata, Zip o Yland	21755	
	Pages 1 and nent of He Int: If Item		20a. Method of Disposition 14 Burial 2 Cramation 3 [4 Donation 5 Other (Space		20b. P	Place of Disposition sematary, cramatory Int Olivet C	(Name of or other p emete:	ry June 2	5, 1996	20c. Location Frederi		vn, Stata Iaryland	
Balt	permit. Depertrimports any inju		21. Signeture of Funaral Service Lice	1	100255			drass of Escility and Basfor				21701	
			M00255 106 East Church St., Frederick, Md. 21701 23a. Part 1. Enter tha disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardlec or raspiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between										
	Physician /Medical Examiner		Immediata Causa (Final disease or condition rasulting in death)	Cardiopulmonary Arrest									
	100	Iner	industry in deality	Myocai		Infarcti				4		-5 Days	
, 0	e execute ian end urial-trans	I Examiner	Sequentielly list conditions, if eny, laeding to immadiate causa. Entar Undarlying Cause (Disaasa or Injury that initiated evants	Athero	Dua to (or as a consequance of): Atherosclerotic Cardiovascular Dise					ease 70			
x 68760,	deeth certificete be executed e ettending physician end of for use es the burial-transit	Medical	that initiated evants resulting in death) Last	c	Due to (or es a consequence of):								
of Vital Records, P.O. Bo	deeth cr	Physician/	Part II. Other signiffcant conditions	ons contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contrib							ntribute to	the cause of deati	
	that the de ned by the e deteched										3 ☐ Probe	ably Winkner	
	law requires that as been signed s 2 should be de	Completed by							24e. We	s en autopsy ormed?	com	re eutopsy findings ilable prior to aplation of causa eath?	
	0 - 5	Com							10	Yes XX No		Yas 2□ No	
	Physician: The this certificate ral director, per	Be	25. Wes casa rafarred to medical exeminar?	Manadah.					eath (Check only	ona)			
	S 00	. To	1 ☐ Yas 2 No 27. Mannar of Death	<u> </u>	1 Inpatient 2 EH/Outpatiant 3 DOA 4 Nursing Homa					ma 5 Rasidance 8 Other (Specify) 28d. Dascribe how Injury occurred			
	Attanding Ph r deeth. ector: After th by the funeral	atlon	1 Natural 5 Panding 2 Accidant investigation	(Month, Day Year) Injury Work? M 1 □ Yes 2 □ No				200. 2200100	200. Describe now injury occurred				
Division	or Att	Certification:	3 ☐ Suicida 6 ☐ Could not to datarmined								Routa Number,		
	To the Hospital or within 24 hours effer To the Funeral Dir completely filled in	edical	29a. Cartifiar 1 Cartifying Pl (Check only cone) 2 Medical Example 1	nysician: To the besi niner: On the basis and marrier s	t of my know of axaminat stated.	wladga, daath occur tion and/or invastiga	red at tha tion, In m	time, data and plac y opinion, daeth occ	e, end due to the urred at tha tima	cause(s) and ma , date and plece,	annar as sta and due to	ited. the cause(s)	
	To the To the comp	M	29b. Signature and titled certifier 29d. Data signed (Mon. D 31086 June 21, 1										
•			Dr. Jeffrey L.				ventl	n Street.	Frederi	ck, Mar	yland	21701	

DHMH 16 Rav 6/95

State

Registrar

31. Data filed (Month, Day, Year)

JUN 24 1996

State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 2. Data of Deeth 1. Decedant's Nama (First, Middle, Last) 3. Time of Death Month **Physician** Ursula Arletta 11:28 PM Corby June 30 1996 /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Frederick Frederick Memorial Hospital Frederick If Under 1 Year | If Under 24 Hrs. Birthpiaca (Stata or Foreign Country) 5 Social Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Day, Year) **Funeral** Days 1□M 2□F 88 215-26-0520 Yrs. Director Maine Aug. 6, 1907 Usual Rasidence of Decedant permit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Dependrument of Heelth and Mentel Hygiene. Important: If item 27 is marked other than "natural", or itema 23e or 28e-f show any injury or other than "netural". The manyland an any injury or other traumatic event, the Medical Exercise man is nothing at 10a Stata 10b. County 10c. City, Town or Location 10d, Inside City Limits 1 X Yes 2 □ No Frederick Frederick Maryland Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 21701 U.S.A. 200 East 16th Street Funeral Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 12. Wes Decedent Ever in U,S. Armed Forcas? 14. Rece - American Indien, Black, Whita, atc. 1 ☐ Yes 2 X No If Yas, Give Yeer or Dates: 1 ☐ Nevar Married 2 ☐ Married Specify: White Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: 3 ☐Widowed 4 ☐ Divorced þ Completed 16e. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant'e Education (Specify only highast grada complated) 16b. Kind of Businass/Industry College (1-4or 5+) Elementary/Secondery (0-12) Teacher Public School System 17. Fathar'e Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumame) Be Mary Jackson Henry A. Shaw 19a. Informant's Name/Raiationship (Type, Print) 19b. Malling Addrass (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 219 Farragut Rd., Annapolis, Md. 21401 Wallace E. Hutton 20b. Piace of Disposition (Nama of cemetary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Steta 1 ☐ Buriai 200Cramation 3 ☐ Removel from Stata Smithsburg Crematory July 1, 1996 Smithsburg, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licansas 22. Nama and Addrass of Facility any ir M00021 Keeney and Basford Funeral Home ### 106 East church Street. Fr ### Entar tha disaasa, or complications that caused the death. Do not anter tha moda of dying, such as cardiac or respiratory errest, shock, or heart failura. List only one cause on each line. 106 East church Street. Frederick, Md. 21701 Approximate Interval Between Onsat and Death **Physician** /Medicai Immediata Causa (Final disaasa or condition resulting in death) Examiner Physician/Medical Examiner ettending physician and for use as the buriel-trensit The law requires that the deeth certificate be executed Sequantially list conditions, if eny, laading to immadiate cause. Entar Undarlying Causa (Disaasa or injury that initieted evants Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Dua to (or es e consequence of) resulting in death) Last Pert II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 100 3 Probably 4 Unknown þ 24b. Ware autopsy findings evallable prior to completion of cause of death? 24a. Was en autopsy performed? Completed peen hes certificate 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: 25. Was casa rafarred to medical examinar? Be 26. Placa of Death (Check only ona) Hospital: Othar: 4 ☐ Nursing Home 5 ☐ Rasidanca 6 ☐ Othar (Specify) 1 Yas 2 No 2 1 Inpatiant 2 ER/Outpatient 3□ DOA After this 28a. Date of Injury / (Month, Day Year) 27. Mannar of De 28b. Tima of Injury 28d. Describe how injury occurred 28c. Injury et Work? 1 Natural 2 Accidant 5 Pending invastigation 1 Yes 2 No deeth Director: / 6 Could not be datamined 28f. Location (Street end Number or Rural Route Number, City or Town, Stata) 3 ☐ Suicide 28a. Piace of Injury - At home, ferm, street, factory, office building, atc. (Specify) after 4 Homicide within 24 hours a To the Funeral I completely filled Certifying Physician: To the best of my knowledga, daeth occurred at tha tima, deta and placa, and dua to the ceuse(s) and mennar es steted.

2 Medical Examiner: On tha basis of axamination end/or investigetion, in my opinion, daeth occurred at the tima, data and place, end dua to tha causa(s) end menner statad. 29a. Certifiar Medicai (Check only one) 29d. Data signed (Month, Day, Year) 29b. Signetura and titla of certifia 29c. Licansa number person wild emplated causa of death (Itam 23a) (Type, Print) 30. Name and addre

32. Registrar's Signature

State Registra

31. Deta filed (Month, Day, Year)

0 3 1996

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Physic /Medi		Decedent's Neme (First, Middle, Last) George		CAPEK			2. Dete of De				3. Time of Deeth 10:20am	
Exami		4a. Fecility Neme (If not Institution, give	street end number)				4b. City, Town, or I	ocation of Deat	h 4c. County	of Deeth		
		7513 Ridge Road					Frederi	Frederick				
Funeral Director			911 ¹™ 2□ F			If Under 1 Yeer Months Deys	Hours Min.	9. Bi y. Year) CZ6		leca (Stete or Fore try) noslovaki	ign La	
Meryland I-f ehow	tor	10a. Stete 10b. County Maryland Freder		10c. City,	Frede					1	0d. Inside City Lim	
th with the 23a or 28a	al Director	10e. Street end Number 7513 Ridge Road			10f. Zip Code 21703 217			02 10g. Citizen of Whet Co			ountry?	
to filed within 72 hours efter deeth with the Meryland lei Hyglene. I of Hyglene. I other than "natural", or items 23a or 28a-f ehow event, the Modeal Examine must be notified at	by Funeral	11. Maritel Stetus 1 □ Never Married 2 ☑ Merried 3 □ Widowed 4 □ Divorced 12. Wes Decedent Every Armed Forces? 1 □ Ves Concept Service Armed Forces? 1 □ Ves Concept Service Armed Forces?			er in U,S. 13. Wes Decedent of Hispenic Origin? (Spif Yes, specify Cuben, Mexican, Puerto 1 Yes 2 SNo Specify:				pecify Yes or No- o Rican, etc.) 14. Rece - American Bleck, White, etc Specify: Whi			
d within 72 hours plane. r than "natural", r Medical Exe	Completed	15. Decedent's Ed (Specify only highest gre			16a. Deced (Give	ient's Usuel Occup kind of work done DO NOT use retired	cupetion ne during most of working ired)		16b. Kind of Bus		siness/Industry	
with iene.	omp	Eiementery/Secondary (0-12)	College (1-4or 5-	+}		gineering			Electro	nic (Component	S
id be filed entel Hyg ced othe	To Be C	17. Fether's Neme (First, Middle, Last) Bohumil		(CAPEK		18. Mother's Nen Marie	ne (First, Middle	, Meiden Sumen	CAP	EK	
permit. Peges 1 and 2 should be filed within Department of Heelth and Maniel Hygiene. Important: If Item 27 is marked other than any injury or other treumatic event, the Mance.		19a. Informant's Neme/Reletionship (Type, Print) Mrs. Millie Capek/ Wife 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 7513 Ridge Road, Frederick, Maryland 21703 20e. Method of Disposition 1 Burial 2 Cremetion 3 Removel from Stete 4 Donetion 5 Other (Specify) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 7513 Ridge Road, Frederick, Maryland 21703 20c. Location - City or Town, Stete cometery, cremetory or other place) Smithsburg Crematory Jun 28,1996 Smithsburg, Maryland 21703							93-2170 wn, Stete	,2 1		
permit. Departr Imports any Inju		21. Signature of Funeral Service Licen	00)	M0706			Basford hurch St)1	
Physician		23a. Pett 1. Enter the disease, or comp shock, or heart felture. List only	plications thet caused tone ceuse on each line	the death. e.	Do not ent	er the mode of dyir	ng, such es cardiac	or respiretory e			Approximete Interval Between Onset end Death	
/Medical Examiner	10	Immediate Cause (Final disease or condition resulting in death)	0.		RCINU es e conseq		THE	UNG			3 MONT	发
be executed siclan and bunel-transit	ai Examiner	Causa (Disease or injury C.										
leeth certificate be attending physic	Physician/Medica											
that the of by the deteched		Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributing to death but not resulting in the underlying cause given in Pert I.							the cause of dear			
aw requires is been sign 2 should be	Completed by				21			24e. Wes	en autopsy ormed?	coi	ere autopsy finding bilable prior to mpletion of cause death?	s
The law cate has	Com							10	Yes 2010	1 [Yes at No	

Division of Vital Records, P.O. Box 68760 To the Hospital or Attanding Physician: The la within 24 hours after death.

To the Funeral Director: After this certificate ha completely filled in by the funeral director, page 2

Be

Certification: To

1 Yes 2 No 1 🗆 Yes 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1□Yes 25 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred 1./☑Naturel 2 ☐ Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28e. Pleca of injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homlcide

29a. Certifier (Check only one)

12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end placa, end due to the cause(s) and menner as stated.
2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date end placa, and due to the cause(s) and manner stated.

D31761

29c. License number 29d. Dete signed (Month, Dey, Year)

June 27, 1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)
Brian M. O'Connor, M.D., 501 West Seventh Street, Frederick, Maryland 21701 31. Dete filed (Month, Day, Year) JUN 28

State Registrar



			State of Mary		riment of Heal tificate of Dea	ith and Mental Hy a <i>th</i>	Reg. No.	20391
	Physic /Medi		1. Decedent's Neme (First, Middle, Last)	Ch	RENA	2. Dete of D Month TUN	T 28 96	3. Time of Deeth 540 Am
	Examin Funeral Director	ner	077-01-8834 X M 2 F 91	yrs. last bl/thday) Yrs.	If Under 1 Year If U	nder 24 Hrs. 8. Dete of Burs Min. March	Brince	npiece (State of Poreign Intry) Itzerland
	show		Usuei Residence of Decedent 10a. Stete 10b. County 10c	c. City, Town or Loc	ation			10d. Inside City Limits
	h the Maryler r 28a-f show	ctor	Maryland Prince George's	Clinton	1			1 ☐ Yes 2☐ No
	death with the Marylend ms 23a or 28a-f show	al Directo	10e. Street end Number 600 Mike Shapiro Drive		10f. Zip Code 20735		10g. Citizen of Whet Con United Sta	,
020	or its	by Funeral	11. Maritel Stetus 1 □ Never Married 2 □ Married 1 □ Never Married 2 □ Married 1 □ Ves □ No If Yes, □ No If Yes, □ No Yeer or Detes:		_ 357	ic OrlgIn? (Specify Yes or Nexican, Puerto Rican, etc.) ecify:	Constitu	
21215-0020	s within 72 hours llene. r than "naturel", the Medical Ex	Completed by	15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+)	life. D	ent's Usuel Occupation ind of work done during O NOT use retired)	most of working	16b. Kind of Bueiness/I	ndustry
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	nd 2 shoalth end 27 is m		Menza J. Carena			ro Drive, Cli		
Baltimore,	Peges 1 and 2 should sent of Health end Mer nt: If item 27 is marke rry or other traumatic		20a. Method of Disposition	Ob. Place of Dispos cemetery, crem-	ition (Neme of etory or other plece)	Dete	20c. Location - City or 1	Town, Stete
Balti	permit. Pege Department of Important: If any injury or once.		21. Signeture of Funerei Service Licensee			FocilityLee Funera erry Road, Cl		
68760,	Physician / Medicale pe executed by Sicien end end by Sicien end end end end end end end end end e	Medical Examiner	Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury	to (or es e consequento (or as a consequento to consequento conseq	- VASU Jence of): Ass	LAR STO	CAB t Decubus	Onset and Deeth TWECKS YRS MONNS
Вох	leath certific attending pl	cian/	d				İ	
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Records,	aw requires to been s	Completed by	Part II. Other significant conditions contributing to death but no REVAL INSUJAZIO MALNUTRITION	1		24a. We	formed?	Vere autopsy findings eveilable prior to completion of cause of death?
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o	Jing Ph n. After thi funeral	tion: To	27. Menner of Deeth 1 Neturei 5 Pending (Month, Day Yea	2 ER/Outpatient 28b. Time of Injury	28c. Injury et Work?		how Injury occurred	eny)
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State of Maryland / Department of Health and Mental Hygiene 96

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н			579-05-6553 Usual Rasidance of Decedent			J							Dec. 1	2,1916	o Iviai	ryland	1
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** JULY 1, 1996 JOHN THOMAS DEMAR, SR. 1:10P.M. /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** 1603 CAVALIER COURT DUNKIRK CALVERT | If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth | 9. Birthplace (State of SEPT 23, 1918 | MARYLAND 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplace (Stata or Foraign **Funeral** 215-18-0245 77 Yrs. Director Usual Rasidance of Decedant with the Meryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Director MARYLAND CALVERT DUNKIRK 1 Yas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 6 1603 CAVALIER COURT 20754 U.S.A. 238 deeth 1 Funeral 12. Was Decedant Evar in U,S. Asmed Forcas? ↑□ Yas 2□ No If Yas, Giva Yaar or Datas: ₩WII Herns Race - American Indian, Black, Whita, atc. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) permit. Peges 1 and 2 should be filed within 72 hours efter c Department of Health and Mentel Hygiene. Important: if them 27 is marked other than "natural", or fren any injury or other traumatic event, the Medical Examinations. 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ② (No Specify: by 3 Widowed 4 □ Divorced Specify: WHITE Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Coliaga (1-4or 5+) SALESMAN NABISCO COMPANY 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be HARRY EVERETT DEMAR ESSIE LEE KENNERMAN P 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) SANDY GRIM 1162 GOLDFINCH LANE MILLERSVILLE, MD. 21108 20a. Mathod of Disposition

1 Burial 2 Cramation 3 Ramoval from Stata 20b. Placa of Disposition (Nama of cematary, cramatory or other place) Data 20c. Location - City or Town, Stata ARLINGTON NATIONAL CEM. 7-23-96 ARLINGTON, VA. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funeral Sarvice Licensee 22. Nama and Addrass of Facility RAYMOND FUNERAL HOME DUNKIRK, MARYLAND 20754 23a. Part1. Entar tha disaasa, or complications that caused tha death. Do not entar the mode of dylng, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onsat and Death **Physician** /Medical Immediate Ceuse (Final Chronic Obstructive disaasa or condition rasulting in daath) Examiner Dua to (or as a consequence of) Physician/Medical Examiner Hospital or Attending Physician: The law requires that the death certificate be executed physicien end s the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated evants resulting in death) Last Dua to (or as a consequence of) P.O. Box 68760, Dua to (or as a consequence of): 88 been signed by the ettending I should be deteched for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23h. Did tobacco use contribute to the cause of death? 3 Probably 4 ☐ Unknown 1 Tyes 2 No Records, þ 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy performed? complation of causa of death? page 2 1 Yas 2 No certificate 1 ☐ Yas 2 ☐ No Division of Vital director, Be 25. Was casa rafarred to medical 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatiant 1 Yas 2 No Certification: To Other: 4 Nursing Homa 5 Rasidanca 6 Other (Specify) 2 ER/Outpatient 3 DOA this funerel 27. Mannar of Death 28a. Data of Injury (Month, Day Yaar) 28d. Dascribe how injury occurred 28h Time of 28c. Injury at Work? After 1 Natural 5 Panding hours efter death. 1 ☐ Yas 2 ☐ No invastigation 2 Accidant within 24 hours efter dea To the Funeral Director completely filled in by th 6 ☐ Could not be datarmined 3 Sulcida 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 281. Location (Street and Number or Rural Routa Number, City or Town, Steta) 4 Homicida 29a. Certifiar 🔯 Certifying Physician: To the best of my knowledga, daath occurred at tha time, date and place, end due to the cause(s) and menner es stated. Medical (Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, deta and place, and due to the cause(s) and manner stated. 29b. Signatura and titla of pertification 29c. License number 29d. Data signed (Month, Dey, Year)

State Registrar

31. Data filed (Month, Pay, Year) 1996

DAVID J.

30. Nama and address of person who completed cause of deeth (Item 23e) (Type, Print)

TARDIO, M.D.

M.D. 120 HOSPITAL ROAD

32. Ragistrar's Signatura

January Randall

PRINCE FREDERICK, MD. 20678

C

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death Donald Whitfield Dodson, Sr. **Physician** 23, /Medical 4a. Fecility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Deeth Examiner If Undar 24 Hrs. 8. Dete of Birth (Month, Day, Year) withe. 5. Social Security Number 219 01 572 7. Age (In yrs. last birthday) If Under 1 9. Birthplece (Stata of Foraign Country) **Funeral** 5728 Months Deys NOM 20 F 76 Director Maryland January 8 1920 Usual Rasidence of Decedant death with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or itema 23a or 28a-f show the Medical Examiner must be notified at 1 ☐ Yas ♣☐ No Maryland Prince Frederick Forestville Director 10e. Straat end Number 10f. Zip Coda 10g. Citizan of What Country? 7420 Marlboro Pike 20747 United States Funeral 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11 Maritel Status 14. Race - Amarican Indian permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Introchant: if item 27 is marked other than "natural", or item any Injury or other traumatic event, the Medical Examples. Black, White, etc. ty Yas 2 No if Yas, Giva Yaar or Dates: ₩₩ ∏ 1 Naver Merriad 2 Married altimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ Specify: white 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) welder US Government 17. Father's Nema (First, Middla, Last) 18. Mothar's Name (First, Middla, Maidan Sumama) Joseph Frank Dodson Daisy Elizabeth Lusby 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Nadara H. Houser 839 Indian Head Ave. Indian Head Maryland 20640 20b. Placa of Disposition (Nama of cemetery, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Steta Burial 2 Cremation 3 Ramoval from Steta
4 Donation 5 Othar (Specify) Lusby Calvert Maryland Olivet Cemetery July 3,1996 21. Signetura of Funeral Sarvice Licensee 22. Name end Addrass of Facility Rausch Funeral Home 4405 Broomes Is. Rd. Port Republic Maryland 20676 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onset and Death **Physician** /Medical Immediata Causa (Final Preumonia disease or condition rasulting In daath) Examiner Dua to (or as a consaquanca of) Examiner The law requires that the death certificate be executed use as the burial-transit Sequantially list conditions, if any, laading to Immadiata cause. Entar Underlying Cause (Disaase or Injury that initiated evants resulting in daath) Last and Dua to (or as a consequanca of) Division of Vital Records, P.O. Box 68760, attending physician for use as the buria Carcinma 01 Physician/Medical Dua to (or as e consequence of) ed by the a Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? rate has been signed by page 2 should be detacl 1 Yee 2 No 3 Probably 4 Unknown þ 24b. Wara eutopsy findings availabla prior to complation of causa of death? Completed 24a. Was an autopsy certificate has 1 Yas 2 30NO 1 ☐ Yas 2 ☐ No Attending Physician: Be 25. Was casa rafarred to medical 26. Placa of Death (Chack only ona) axaminar? Othar: 4 Nursing Home 5 Rasidence 6 Othar (Specify) 2 1 Yas 2 No 1 Denpatiant 2 ER/Outpatient 3 DOA After this filled in by the funeral 28c. Injury at Work? 27. Mannar of Death Certification: 28b. Time of 28d. Dascribe how injury occurred 1 Watural 5 Panding Invastigation death. 1 ☐ Yas 2 ☐ No 2 Accidant or Attendation of the death 3 Suicida 6 Could not be datarmined Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 4 Homicida Hospital 24 hours Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifian To the Hosp within 24 hou To the Fune completely fi edicai 29b. Signatura and titla of cartifian 29d. Data signed (Month, Day, Year) 29c. Licansa number D46478 6.2876 30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print)

Partelimo

Day, Year)

32. Registrer's Signature False Davelson Rarball

7501 surratts Rd. #302, clinton mo20735

State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 95 20595

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State of Maryland / Department of Health and Mental Hygiene 96 20596

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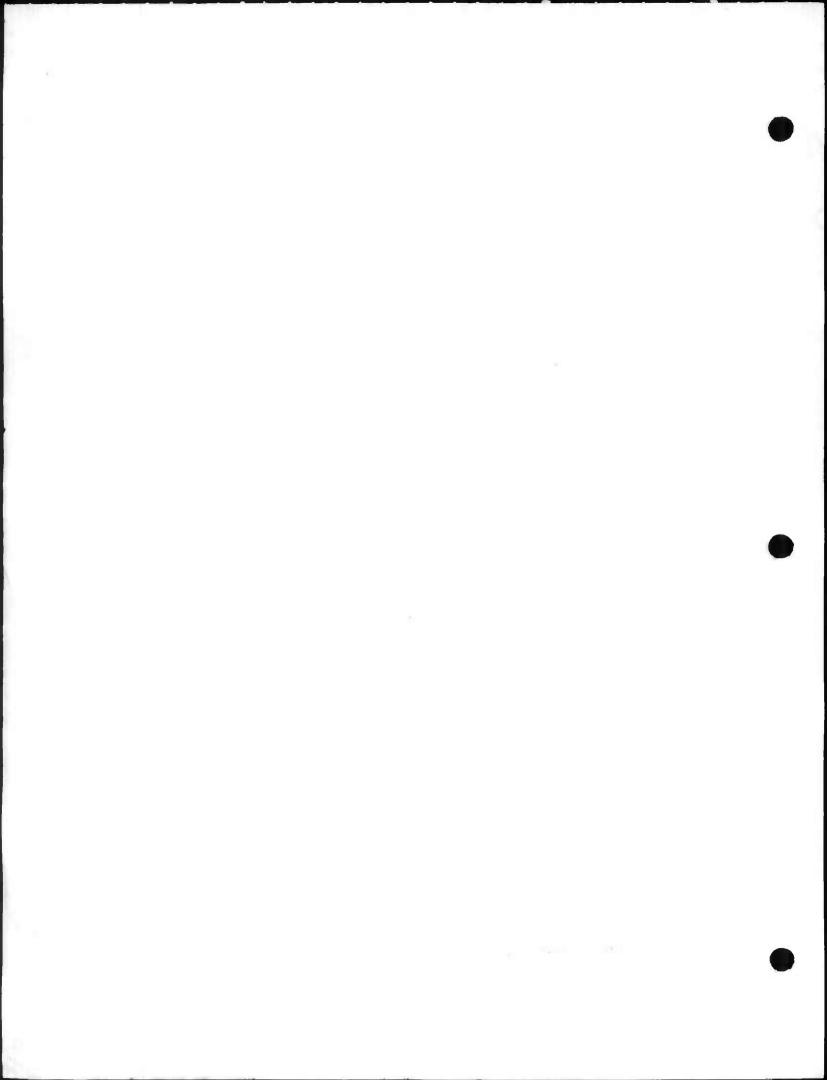
DIVISION OF VITAL MECOMDS, P.O. BOX 68/60,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Phygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any in/Jury, or other traumatic event, the medical examiner must be notified at once. JKC.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG NO

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPART	MENT OF H	EALTH AND	MENTAL	HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) MARGARET ELIZA					2. DATE O	F DEATH	5, 19	3.	TIME OF DEATH	Pu
	4. SOCIAL SECURITY NUMBER 5	. SEX 6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE O	E BUDTU			ACE (State or For	
	217-10-6546 9a. FACILITY NAME (Il not institution, give stree	M 2X FX 85	YRS.	WONTHS DAYS	HOURS MIN.		Day, Year)	910	Country)	MD	
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DIRECTOR		egany		TOWN OR LOCAT Umberlai						d. INSIDE CITY LIMITS? XES 2 N	10
ME	10e. STREET AND NUMBER	garry			ZIP CODE			10g. CITIZE	_	T COUNTRY?	
FUNERAL	235 Paca Street				21502			US			
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D BY	3 Wildowed 4 Divorced					/.			Specify:	white	
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일	Mary Margaret D				eet Apt					21502	
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	disease or condition resulting in death)	DUE TO (OR AS A CONS	215 C	accini	me, pr	Lofall	5 ova	dia	1	2 min	
		DUE TO (OR AS A CONS	SEQUENCE OF):		/	()				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	SEQUENCE OF):								
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury										
TIF	that initieted events resulting in death) LAST	DUE TO (OR AS A CONS	SEOUENCE OF):								
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CAL	PART II. Other significant conditions c	ontributing to death but no	t resulting in	the underlying	cause given in	Part I. 2	4a. WAS AN		AW	RE AUTOPSY FINE	
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	3 Suicide 8 Could not be	28s. PLACE OF INJURY — At building, stc. (Specify)	home, term, stre	eet, factory, offics			ION (Street si Town, State)	nd Number or	Rural Route	Number,	\neg
	4 Homicide determined										
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN ONE) 2 MEDICAL EXAMINER: C	t: To the best of my knowledge, in the bests of examination and/o	death occurred or investigation,	at the time, date : In my opinion, de	and place, and dus	to the cause time, data ar	(s) and man	ner ss atated.	ause(s) sn	d menner as stat	ed.
	29b. SIGNATURE AND TITLE OF CERTIFIER	01	-		29c. LICENSE NUM					onth, Day, Year)	
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	30. NAME AND ADDRESS OF PERSON WHO BE	SMPREHED CAUGE OF DEATH IT	TEM 27) Type, P	rint)	2 Sch	Clar	rel.	Enw	See	land	
	31. DATE FILED (MONTUN 12 8 1996	32. REMOTRANT SIGNATURE	Rarball			6				-(



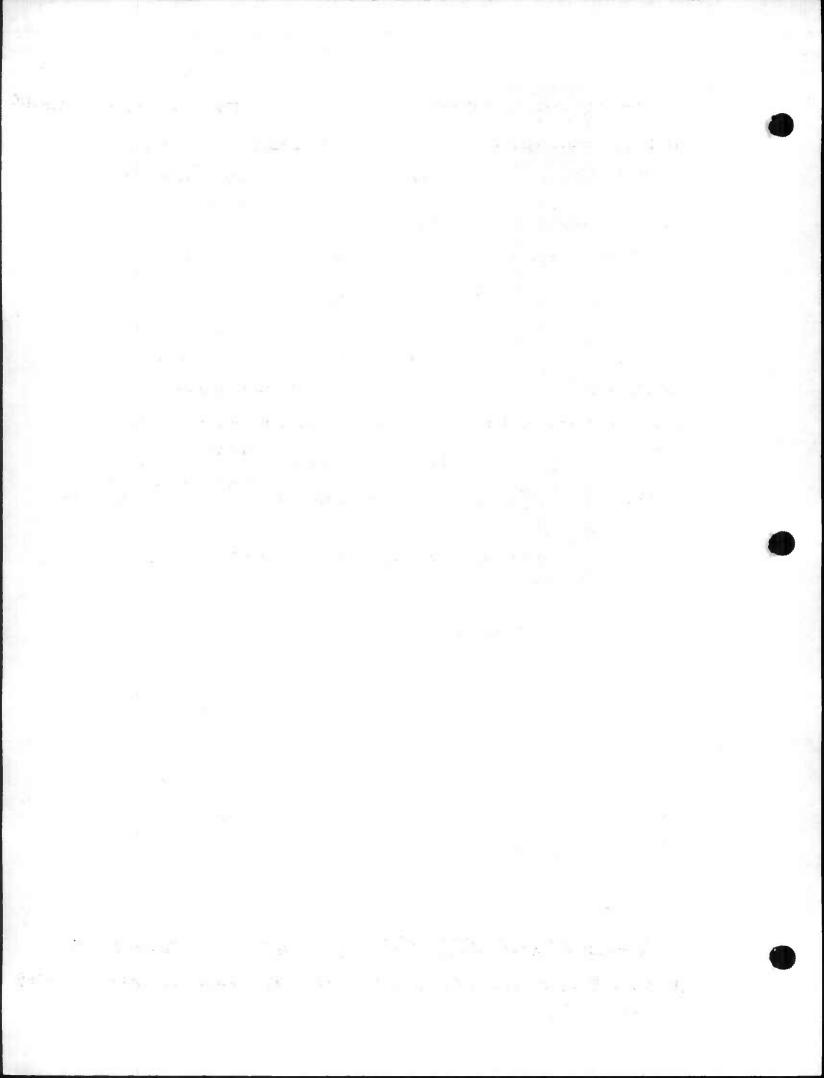
State of Maryland / Department of Health and Mental Hygiene 0 C

Physici		1 December Name (First Middle 1)	-41		001111100	ate of	Death	100: 10	Reg. No),	
,	an	1. Decedent's Neme (First, Middle, La						2. Date of De Month	Da	у Уев	3. Time of Death
/Medic		Helen Elizabe 4a. Facility Name (If not Institution, giv.		berger			4h City Town o	丁Uム) r Location of Deat		777	
Examir	ner								1	. County of De	
		1421 Taney Ave., 5. Social Security Number 6. S		'In yrs. lest birt	hdev) If Und	ler 1 Yaar	rederic			rederic	
Funeral Director	-	1	□M 2X0F	83	A.fonth		Hours Mi	n. (Month, De	y, Year)		irthplaca (Stete or Foraign Country)
on ector		219-20-0222 Usuel Residence of Decedent		83				May 9,	191	3 New	York
MI		10a. Steta 10b. County	1	Oc. City, Town	or Location						10d. Insida City Limits
H M	ţo	Maryland Frederic	k	Frederi	ck						1 Yes 2 No
items 23a or 28a-f show iner must be notified at	Directo	10e. Street end Number		reders		Zip Code			10g. Cit	tizen of What C	Country?
38 0		1421 Taney Ave.,	Apt. 420		2	1702			USA		
E	Funeral	11. Marital Status	12. Was Decedant Ev	ar In U,S.			Ilspanic Origin?	Specify Yas or Norto Rican, atc.)		14. Rece - An	
5 5		1 Never Married 2 Merried	Armed Forces? 1 ☐ Yas 2 ☑ No					rto Rican, atc.)		Bleck, Wh	Ita, atc.
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the Medical Exam	e e	15. Decedent's Ed (Specify only highest gra	lucetion	16a.	Decedant's Us	sual Occup	ation	addina	16b. K	and of Busines	
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	2	John O. Poole, Sr	•				Ella N	usbaum P	oole		
traumatic		19e. Informant's Neme/Relationship (Type, Print)	19b.	Melling Addre	ss (Street	and Number or I	Rural Route Numb	er, City	or Town, Stete,	Zip Code)
		John R. Eichelber	ger/Son					ockville	, MD	2085	
any injury or other		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐	Demoust from Chate	20b. Plece of cemeter	Disposition (A y, cramatory o	lama of r other ple	ce)	7/3/96	20c. L	ocation - City o	r Town, Stata
o Aur		4 □ Donetion 5 □ Other (Specify		Unior	Chape	1 Cen	netery	173730	Lib	ertytov	vn, Maryland
any inju		21 Signeture of Fynaral Service Licen	See)		22. Nema	end Addre	ss of Facility S	tauffer	Fune	ral Hor	ne
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		23a. Part1. Enter the disaasa, or com	olications that caused th	a daath. Do n							
sician		shock, or heart feilure. List only	one cause on each line.								Approximata interval Between Onset and Death
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niner		disease or condition resulting in deeth)		ue to (or es a c			0110 49	L11.4	UA	DE	1110111113
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physician and s the burial-transit	Examiner	Sequentially list conditions.	b	e to (or es e c	onsequence o	f):					
an an	EX	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury				•					
le bu	edical	thet initiated events	C. Du	e to (or es e c	onsequance o);					
7 65	Jed	resulting In death) Last		•		,					
esn .	N/UE		d								
= 0	Sich	Part ii. Other significant conditions co	ontributing to death but	not resulting in	tha underlying	cause div	an in Pert i.	23b. Did	tobacco	use contribu	le to the causs of death?
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o detached f	by Physician/M										Probably 4 Unknow
ould be detached f	þ							24a. Wes	an euto	psy 24b	. Were autopsy findings
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irector, page 2 should	Be Completed by	exeminer?	Hospital:	2∏ FR/Out	nationt 3	DOA Oth	or:	24a. Wesperful	Yes 2	№ No	Were autopsy findings aveilable prior to completion of ceusa of deeth?
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State Registrar

30. Name and address of person who completed ceuse of deeth (Item 23e) (Type, Print)

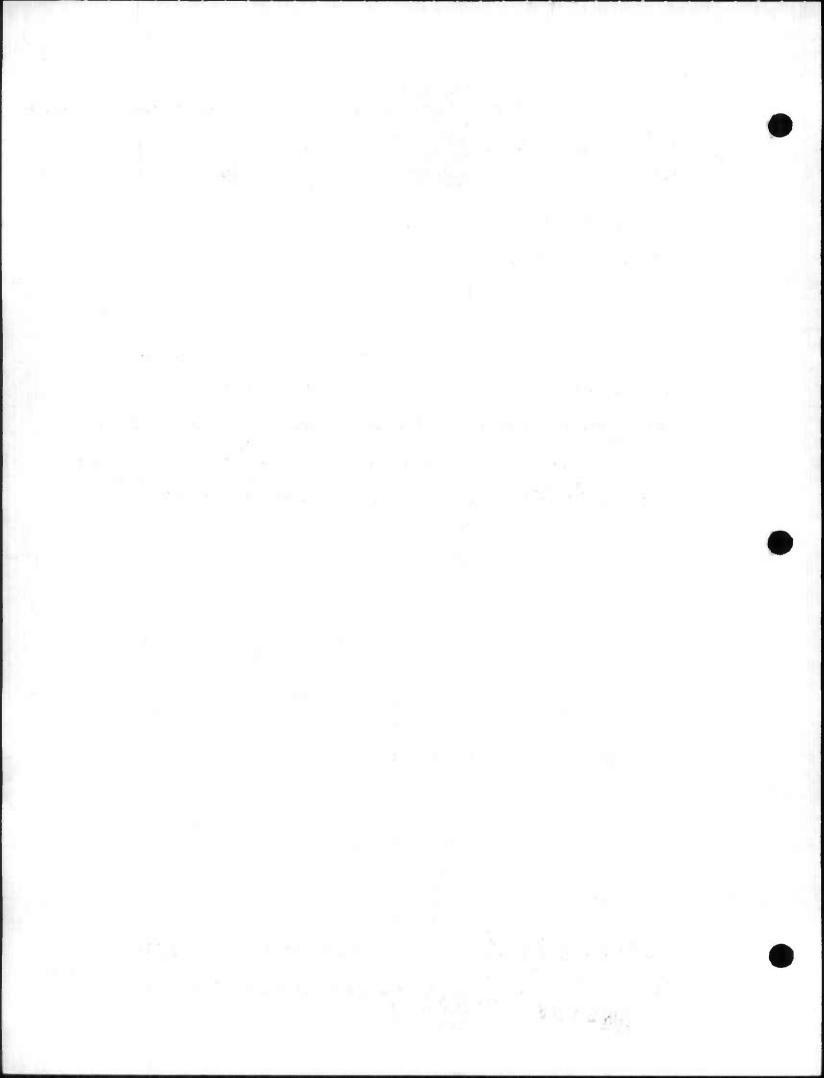
KOBERT R. R. ROBERTS MD 7501 B McKaig Rd Frederick Md 21701-3319



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 20599

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1	iew requires that the death of as been signed by the attended for us	Physician	Part ii. Other significant conditions of	ontributing to death	but not rasulting	in the u	ndarlving c	ausa o	ivan in Part	l.	23b. Dic	tobac	co use co	ntribute to	the car	use of death
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1	within 24 hours after deet To the Funeral Director: completely filled in by the	edicai	one) 2 Medical Exam	niner: On the basis of and mapner s	tated.	and/or in	vastigation,	, in my	opinion, das	un occurr	au at tha tima	, oata â	no piace,	ario dua to	the ceu	150(5)
Total	To the	Σ	29b. Signature and title of certifier	- //			290	. Licer	sa number			29d. [)eta signe	d (Month, L	Dey, Ye	ar)
	-		Jusan 88	Du (1)	7			DH	338	9		6	/21/	196		
			30. Nama and addrass of person who	completed cause of	death (Item 23a) (Type				•					-2	701
			9 03		100			loter.	1155	HICE	11175-	200	F	FISO	VVI	1701
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State of Maryland / Department of Health and Mental Hygiene 20600 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth Month Day 1996 **Physician** June 23, Gladys Naomi Fawley 5:00pm /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Frederick Memorial Hospital Frederick Frederick 8. Date of Birth Month, Day, Year, March 3, 1905 If Under 1 Year Months Deys If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthdey) Birthpiaca (State or Foreign Country) **Funeral** 1 □ M 2 Deys 219-20-4475 91 Director Virginia Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland Depertment of health and Mental Hygiene. Important: if Nem 27 is marked other than "natural", or Nems 23a or 28a-f show any injury or other traumatic event, the Modical Exempter 200. 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Frederick Maryland Jefferson 1 Yes X No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 3649 Jefferson Pike 21755 U.S.A. Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indisn, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 🗓 No Specify: White þ Specify: 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Homer Tritapoe Goldie 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Vivian K. Fawley, Husband 3649 Jefferson Pike, Jefferson, MD 21755 20a. Method of Disposition
1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete Lovettsville Union Cem., June 26,1996 Lovettsville, Va. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenses 22. Name end Address of Feclity Allan Donald B. Thompson Funeral Home 31 East Main Street, Middletown, M00703 21769 23a. Pert1. Enter the disease, or complications that supplied shock, or heart teilure. List only one cause on each the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximete Intervai Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Examiner attanding physician and for use as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in death) Lest Due to (or as e consequenca of) Physician/Medical Due to (or es e consequence of) Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Š 24b. Were autopsy findings eveileble prior to completion of cause of death? Completed 24a. Was an autopsy 1 Yes 2 No 1 □ Yes 2 □ No funeral director. 25. Wes case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 Yes 2□-No 1 ☐ Impatient 2 ☐ ER/Outpatlent 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: 5 Pending Investigation 1- Natural 1 Tyes 2 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homlcide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, snd due to the cause(s) and manner as stated.

Under the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the cause(s) and menner stated. 29a, Certifier Medical (Check only 29b. Signature and 29c. License number 29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

31. Date tiled (Month, Day, Year)

32. Registrar's Signature 12 Stavelson Randall

Dr. Edward P. Riuli, M.D., 310 West Ninth Street, Frederick, MD 21701

DHMH 16 Rev 6/95

Registrar

The law requires that the death certificate be executed

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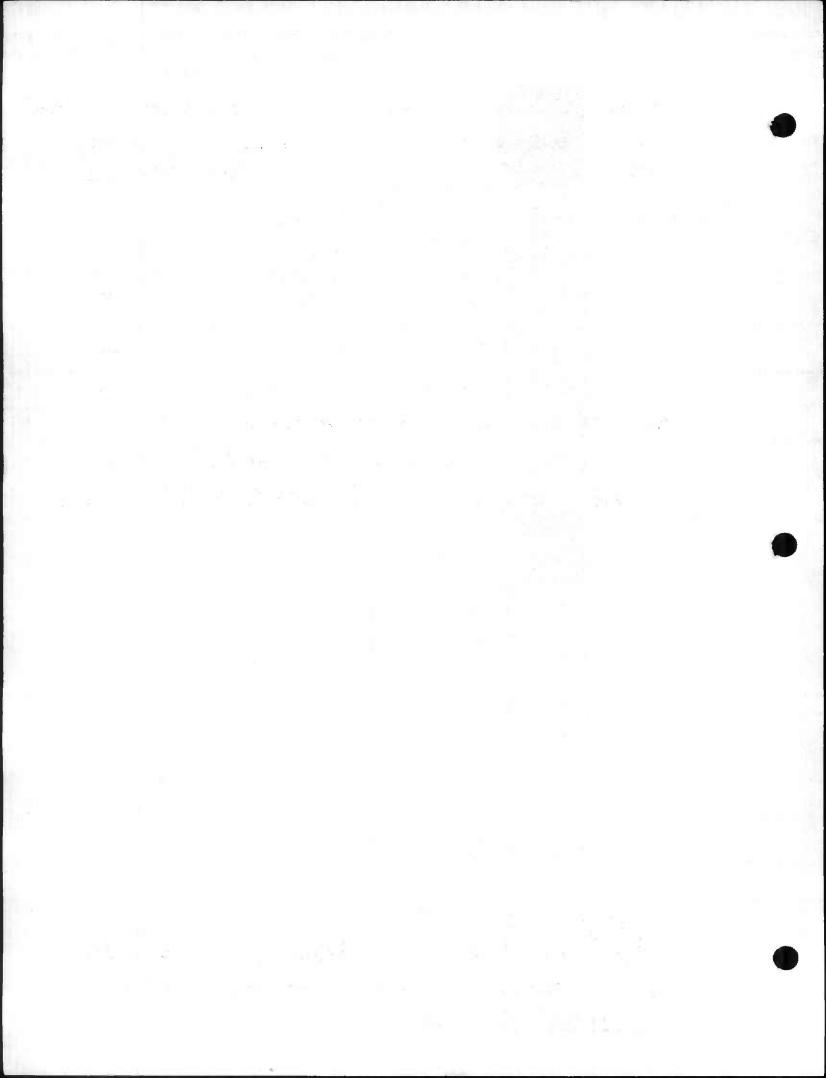
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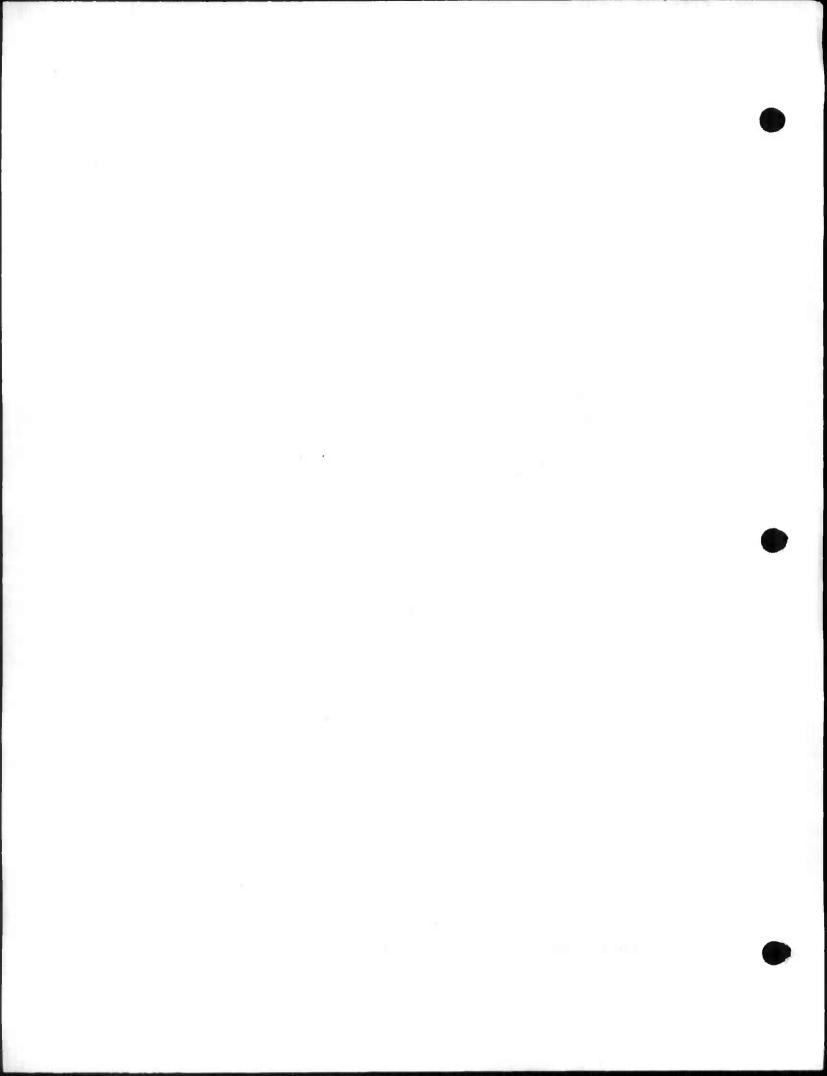
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or Attending Physician:



STATE (F MARYLA	ND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
		CI	ERTIFICATE	0	F DEAT	[H]		REG	NO

		1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN		20001
		1. DECEOENT'S NAME (First, Middle, Last		4.1			2. DATE OF DEATH MONTH D	MY YEA	3. TIME OF DEATH
		Joseph E	Farre				June 23		
		4. SOCIAL SECURITY NUMBER 161-22-1830		'In yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1903 8.8	RTHPLACE (State or Foreign puntry)
99			1⊠M2□F 93	YRS.			Feb. 23	P	ennsylvania
3 should	œ	9a. FACILITY NAME (If not institution, give				OR LOCATION OF D	EATH	9c. COUNTY O	
1, 2,	읽	Shady Grove N RESIDENCE OF DECEDENT	ursing Cent	er	Rocky	rille_		Monte	gomery
ages	DIRECTOR	10a. STATE 10b. COUN			Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
permit. Pages	1 1		ntgomery	Ba	rnesvil				1 YES 2 NO
	FUNERAL	17200 Conoy R			101	. ZIP CODE			OF WHAT COUNTRY?
DZO physician. burial-transit	ᄬ	11. MARITAL STATUS	12. WAS DECEDENT EVER IF	III S ADMED	40 400 050	20838			S.A.
physic burtial		1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Mexica	NIC ORIGIN? (Specify Yes an, Puerto Ricen, atc.)	8	ACE — American Indian, Black, White, atc.
Z 13-UUZU attending physic se as the burial	BY	3 Wildowed 4 Divorced	ii veo, cive van on bi	AI LO	I TES	2 NO Specif	у:	s	White
atter use a	윤	15. DECEDENT'S ED (Specify only highest grad		(Give kind of	USUAL OCCUPATION	ON st of working	16b. KIND OF BUS	SINESS/INDUSTR	
ital or d for u	빌	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT u	se retired.)		.= =		
the hospit e detached	COMPLET	17. FATHER'S NAME (First, Middle, Last)	4	Accou	ntant	40 1107117010 110	ME (First, Middle, Maiden	unting	
# E E	Ü	William Farr	e11					Surname)	
retained by 5 should by notified a	0	19e. INFORMANT'S NAME (Type/Print)	011	19b. MAILING	ADDRESS (Street a		Kelly Route Number, City or Tow	m. State. Zio Code)
do es	2	Maureen O'Co	nnell		Box 38	_	nesville,		20838
Page 6 may be ral director, page a		20e. METHOD OF DISPOSITION 1 □ Burlel 2 M Cremation 3 □ Rei		PLACE AND DATE	OF DISPOSITION (Na			CATION — City o	r Town, State
Page 6		4 Donetion 5 Other (Specify)	I S	mithsb	urg Cre	matory	6/24 Smi	thsbu	ca, Md.
death. Pag tuneral di J.		21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE //		Hilt	on Fune	ашту eral Home	2	
		Will	Dak		Box	86 Baı	nesville	, Md.	20838
hours after ed in by th or remove		23. PART i. Enter the diseeses, or shock, or heert fellure	complications that caused. List only one cause on ea	the death. Do i	not enter the mo	de of dying, suc	h aa cardiac or respi	irstory arrest,	Approximate interval Between
en, elle		IMMEDIATE CAUSE (Final disease or condition							Onset and Death
ted within 24 completely fille ial, cremation, cevent, the		resulting in death)	DUE TO (OR AS A	on Ph	eumoni	۵,			4 days
B 2 . 9	_	_							3months
te be execut sician and c prior to buris traumatic	CATION	Sequentially list conditions, if any, leading to immediate	a Absent DUE TO (OR AS A	CONSEQUENCE O	F):				34341.0
		cause. Enter UNDERLYING CAUSE (Disease or Injury	c. Cerebi	al Vas	cular,	Accrde	nt		3 months
nding physicate hygiene physical or other to	RTIFI	that initiated events resulting in death) LAST	d. Chroni	CONSEQUENCE O	F):	(, // -			2
나 등 등 등 이	병		d. Chibini	C MT	Tel F	- PFIL ~I	1377		2 years
> 2 -	AL	PART II. Other aignificant condition	ns contributing to deeth b	ut not resulting	in the underlying	cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINGINGS MAILABLE PRIOR TO
law requires that the as been signed by the lept. of Health and 123 shows any In	EDIC/						1 YES 2		COMPLETION OF CAUSE OF DEATH?
requires seen sign of Heaf	Σ								1 YES 2 NO
12 Ges 22	AN	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL				UNCERTAIN	10		
# a a a E	SICI	EXAMINER?	HOSPITAL:	26. PLACE OF DEA	OTHER:				
o the	PHYS	27. MANNER OF OEATH	1 Inpatient 2 ER/Outp	28b, TIM		-	6 Other (Specify) 28d. OESCRIBE HOW II	M NIDY OCCUPE	
NG PHYS fter this eath with marked	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN	URY WO	RK? 'ES 2 NO	,		- 1
NDING I		3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, term,	street, factory, office		261. LOCATION (Street e City or Town, State)	and Number or Rui	al Route Number,
OR ATTENDING DIRECTOR: After hours after death tem 28 is ma		4 Homicide determined					City or lown, State)		
AL OR A AL DIREC Z hours f item	7	(Check only	SICIAN: To the best of my knowl	edge, death occurr	ed at the time, date	end place, end due	to the cause(s) and men	ner as stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	COMPLET	one) 2 MEDICAL EXAMIN	ER: On the basis of matter	end/or investigation	on, in my opinion, de	eath occured at the	time, date and place, en	d due to the caut	e(a) and manner as stated.
THE H Bed w	BE	296. SIGNATURE AND THE OFFICERTIFIE	*/ /			29c. LICENSE NUN		29d. DATE SIGN	PED (Month, Day, Year)
2 2 2 W	2	20 NAME AND ADDRESS OF SERVICE	a a Apol	mo		D44	120	Jun	e 23, 1996
		30. NAME AND ADDRESS OF PERSON W				2.1.0		, ,	
	1	31. DATE FILED (Month, Day, Year)	32. REASTRAR'S SIGNA	TROCKY.	ne rike	316 Ko	deville, Ma	injand.	50825
		JUL 0 1 199	32. REDISTRATES STORP	ior Ranke					
					1				



The law requires that the o	te has been signed by the Dept. of Health and	em 23 shows any Inj
leath certificate be	he attending physician Wental Hygiene prior I	ury, or other traus
executed within 24 hours after	and completely filled in by the burial, cremation, or remova	natic event, the medical
death. Page 6 may be retained by the hospital or attending physician.	e funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 n.	ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	VSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OF DEAT	TH		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HE		MENTAL HYGIEI						
1. DECEDENT'S NAME (First, Middle, Last) VINCENT GERARD	FIRLIE				2. DATE OF DEATH MONTH JUNE 2		3. TIME OF DEATH 5:30 A _M				
4. SOCIAL SECURITY NUMBER 705-05-5231	L SECURITY NUMBER 5. SEX 8. AGE (in yrs. lest birthday) 1X M 2 F 92 YRS. 1X M 2 F 92 YRS. 1X M 2 F 92 YRS. 1X M 2 F 92 YRS. 1X M 2 F 92 YRS. 1X M 2 F 92 YRS. 1X M 2 F 93 YRS. 1X M 2 F 94 YRS. 1X M 2 F 95 YRS. 1X M 2 F 96 YRS. 1X M 2 F 97 YRS. 1X M 2 F 98 YRS. 1X M 2 F 98 YRS. 1X M 2 F 98 YRS. 1X M 2 F 98 YRS. 1X M 2 F 98 YRS. 1X M 3 F YRS.										
9a. FACILITY NAME (If not institution, give st 448 BALTIMORE A	March 1997	\$	CUMBERI		EATH	9c. COUNTY	FGANY				
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY All	egany		TOWN OR LOCATION	DN		10d. INSIDE CITY LIMITS? Y YES 2 NO					
10e. STREET AND NUMBER			101. 2	21502		OF WHAT COUNTRY?					
448 Baltimore A 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR DO	2X NO	13. WAS DECE	NDENT OF HISPAI	n, Puarto Rican, etc.)	IIC ORIGIN? (Specify Yes or No— 14. RACE Bleck					
15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT use	rk done during most retired.)	of working	18b. KIND OF B	white					
12		Statio	nary Fi			road					
17. FATHER'S NAME (First, Middle, Last)	. mi.a.li-				ME (First, Middle, Maide						
Peter Vincent 19a. INFORMANT'S NAME (Type/Print)				d Number or Rural	Paret (Dugi	wn, State, Zip Co					
20a. METHOD OF DISPOSITION 1X) Burial 2 □ Cremation 3 □ Ram	1X) Buriel 2 Cremation 3 Removal from State cematery crematory or other place)										
St. Patrick's Cemetery 06/25 Cumberland, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE St. Patrick's Cemetery 06/25 Cumberland, MD 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home Cumberland, MD 21502											
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF:	CAR	DNC	FALL CONTRACTOR	LY D.	interval Batween Onset and Deat 2 USA				
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 NO 1 UNCERTAIN											
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF OEATH		OITCERIA							
EXAMINER?	HOSPITAL: 1 Inputiant 2 ER/Out		OTHER: 4 - Nursing Home	5 Residence	a S Other (Specify)						
DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		IK?	28d. DESCRIBE HOW	RED					
• 🗆 • • • • • • • • • • • • • • • • • •	Rural Route Number,										
One)	ICIAN: To the best of my know						cause(a) and manner as stated.				
296. SIGNATURE AND TITLE OF CERTIFIE	MAGGE	come	2	29c. LICENSE NU D07135			DATE SIGNED (Month, Day, Year) MAY 26, 1996				
30. NAME AND ADDRESS OF PERSON WEDT. Victor Mazz	OCCO; 912 Se	eton Drive	Print) Cumbe:	rland, M	MD 21502						
31. DATE FILED (MONTE: DE 1996	PZ REMETRAT'S SIG	BUT M									

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR EDWARD 2, JOHN GIBBONS July 1996 0255: A.M.M 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 - F DAYS HOURS 213-01-8680 81 Aug. 9, 1914 Maryland should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 30355 <u>Pine</u> Pages 1, 2, 3 Street Princess Anne Somerset RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Somerset Princess YES 2 NO permit. Anne FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 30355 Pine Street 21853 Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuben, Mexican, Puerlo Rican, etc.) 14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married 1 YES 2 NO BY Specify: 3 Widowed 4 Divorced World War II White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working ED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) COMPLET lary (0-12) College (1-4 or 5+) 12 Dept. Of Agriculture Inspector 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Ħ James Gibbons BE Elizabeth Brown notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Gibbons Pine Street Ann Princess Anne. Md pe 20a. METHOD OF DISPOSITION

1 Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 4 Donation 5 Other (Specify) Andrews Episcopal Cem. 7/4 Princess Anne, Md 21. SIGNATURE OF UNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Hinman Funeral Home Toples M00295 completely filled in by the 11673 Somerset Ave. Princess Anne. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory streat, Approximata ahock, or haart failure. List only ona cause on each line. Interval Betw IMMEDIATE CAUSE (Final Onset and Death the disease or condition event, resulting in dasth) executed with attending physician and corntal Hygiene prior to burial, atraumatic CERTIFICATION Sequentially list conditions. QUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseasa or Injury that initiated events resulting in death) LAST injury, or on signed by the attent PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAII ARLE PRIOR TO aules shows any COMPLETION OF CAUSE DF DEATH? 1 YES 2 -NO May Tooley 1 TYES 2 NO t of h DID TOBACCO USE CONTRIBUTE TO CAUSÉ OF DEATH YES NO UNCÉRTAIN the State Dept. d, or item 23 si 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL OR ATTENDING PHYSICIAN: The HOSPITAL: 1 YES 2 NO nt 2 ER/Outpatient 3 🗆 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, this 1 Natural
2 Accident 5 Pending 1 YES 2 NO ВҰ death Investigation 3 Suicide 26a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 6 Could not be determined COMPLETED DIRECTOR: / 4 Homicide tem 29a, CERTIFIER 1. CEPTH YING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FINE WITHIN 72 HO 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Month. Day, Year) BE Tr 2 OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pupi 10h n 600 (ar 0 31. DATE FILED (MONTO DE YEAR) 2. REGISTRAR'S SIGNATURE

will water a south

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

4.5

State of Maryland / Department of Health and Mental Hygiene 20604 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month Yaar Charles Glenn, Jr. Hubert June 27, 3:15 p.m. 1996 /Medical 4a. Facility Nama (If not institution, give street and number) 4b, City, Town, or Location of Death 4c. County of Death Examiner Upper Marlboro Pr 10512 Norris Place Prince George's 5. Social Sacurity Number 7. Aga (In yrs. last birthday) **Funeral** XXM 2□ F Yrs. Director 69 227-28-7027 Aug. 5,1926 Virginia Usual Rasidanca of Decedan permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Deperment of Health and Mental Hygiene. Important: If team 23 is marked other than "netural", or items 23s or 28s-f show any injury or other traumatic answer. 10c. City, Town or Location 10a. Stata 10b. County 10d. Insida City Limits 1 ☐ Yas 2 No Maryland Prince George's Directo Upper Marlboro 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 10512 Norris Place 20774 U.S.A. Funeral 12. Was Dacadant Evar in U,S. Armed Forcas? 1 ∰Yas 2 □ No If Yas, Giva Yaar or Datas: W.W. II Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status 1 Navar Married 2 Married Saltimore, Maryland 21215-0020 1 Yas XXNo Specify: à Specify: white 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Safeway Stores, Inc. 12 4 grocery store manager 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Charles H. Glenn, Sr. Mildred Sorrells 19a. Informant's Neme/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Coda) Dolores C. Glenn (wife) 10512 Norris Place, Upper Marlboro, MD 20774 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1⊠ Burlal 2 ☐ Cramation 3 ☐ Ramovai from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Maryland Veterans Cemetery July3, 1996 Cheltenham, MD 22. Nama and Addrass of FacilityLee Funeral Home, Inc. 6633 Old Alexander Ferry Rd. Clinton, MD 20735 23a. Part1. Inter the diseasa, or complications that caused tha daath. Do not antar tha mode of dying, such as cardiac or respiratory arrast, shock, or bear failure. List only one cause on each line. Approximata Intarval Batween Onsat and Death **Physician** /Medical Immediate Causa (Final disaasa or condition rasulting in death) Vany arcinoma Examiner Dua to (or as a consequence of): Examiner ettending physician and I for use es the buriel-transit the death certificete be executed Sequentially list conditions, if any, laading to Immediata causa. Entar Undarlying Cause (Disaase or Injury thet initiated evants rasulting In death) Last Dua to (or as a consequanca of) Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): signed by the et Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the causa of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 ☐ Unknown þ Completed 24b. Wara autopsy findings available prior to 24a. Was an autopsy performed? completion of causa of death? 1 ☐ Yas 2 12 No 1 ☐ Yas 2 ☐ No certificate To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartification of the funeral director, is the funeral director, is supplied in by the funeral director, is supplied in by the funeral director, is supplied in by the funeral director, is supplied in by the funeral director, is supplied in by the funeral director, is supplied in by the funeral director, is supplied in by the funeral director. Be 25. Was casa rafarred to medical axaminar? 28. Place of Deeth (Check only ona) Othar: 4 ☐ Nursing Homa 5 ☐ Rasidanca 6 ☐ Othar (Specify) 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manney of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred Certification: 28c. Injury at Work? 1 Natural 5 Panding invastigation 1 Yas 2 No 2 Accidant 3 Sulcide 6 Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At home, ferm, street, fectory, office building, atc. (Specify) 4 Homicida 1 De Certifying Physician: To the best of my knowledge, daeth occurred at tha tima, data and place, and dua to tha causa(s) and mannar as statad.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, deeth occurred at the time, data and place, and dua to the causa(s) and mannar stated. edicai 29a. Certifier 29b. Signature and title of certifie 29c, Licansa number 29d. Data signed (Month, Day, Year)

who completed cause of death (Item 23e), (Type, Print)

32. Registrar's Signatura

State Registrar Hu

mes

0°2

State of Maryland / Department of Health and Mental Hygiene 96

					Cei	rtificate of	Death		Reg. No.		_0000		
ľ			1. Decedant's Name (First, Middla, Last)				2. Data of De	eath		3. Time of Death		
	Physic		Kenneth	FODUKI- A	CKE	ov		Month	Day	Yaar	1019		
	/Medi Exami		4e. Fecility Nama (If not institution, giva	-11/11/1//			4b. City, Town, or Loc	cation of Deat	h 4c. County	of Death	20.		
	Exami	ier	Anna Anna	Idal Car	4		1	1	a is	41			
-			5. Social Security Number 6. Sa	x 7. Age (In yrs.	last hirthday)	If under 1 Year	If Under 24 Hrs.	Poto of Bir	th	O Dishal	lane (Chate ou Four ion		
ľ	Funeral Director		115-38-4331 X	XM 2□ F 7. Age ("'' y''s.	48Yrs.	Months Deys	Houre Min.	8. Dete of Bir (Month, De	ay, Year)	New New	ece (Stata or Foraign try) York		
	pu *		Usual Rasidance of Dacedant 10e. Stata 10b. County	10c Cit	y. Town or Lo	cation				T 1/	Dd. Insida City Limits		
	sho sho	2		700.01	y, 10m1 of 20					,,,	1 Yas 2 No		
	No Maria	ctc	Virginia Fairfax			Fa	irfax				1 Tas 2 2 140		
	h with th	al Director	10e. Street end Number 3121 Babashaw Co	urt		10f. Zlp Coda 2:	2031		10g. Citizen of Whet Country? United States				
	items in the lines	Funeral	11. Marital Stetus	12. Wes Decedent Evar in U	S. 13.	Was Decedent of I	Hispanic Origin? (Spean, Maxican, Puarto F	cify Yes or No	- 14. Rac	e - America			
Maryland 21215-0020	ar, or	by	1 ☐ Never Married 2 🖾 Married 3 ☐ Widowad 4 ☐ Divorced	Armed Forcas? 1 □XXAs 2 □ No If Yas, Giva Yeer or Detas:	1	f Yas, specify Cub 1 ☐ Yas 2 ☐ ÑNo		iican, atc.)	Specify	ok, Whita, a y: Whi	ite		
5-0	72 hours "natural",	Completed	15. Decedant's Edu (Specify only highast grad	cetion	16a. Deced	lant's Usual Occup	pation	10	16b. Kind of Bu	usiness/Ind	ustry		
2	hin a	ple	Elamantary/Secondary (0-12)	Collega (1-4or 5+)	lifa. I	DO NOT usa retire	during most of working)	ig .		Ass	sociation		
2	TOLER	PO	12	5+	Director of P		Public Af	fairs	American	n Insi	urance .		
b	be filed htal Hygld d other event, n	Bec	17. Fathar's Nama (First, Middla, Last)		18. Mother's Name			(First, Middle	, Maiden Surneп	ne)	notsky		
<u>a</u>	o g a a	ToB	Harry	Н	acker	ter Mary			Kan	rnots			
5	d 2 should it end Men 7 is marked traumatic	F	19a. Informant's Name/Raiationship (T)	roe. Print)	19b. Mallin	on Address (Street	end Number or Rura	Route Numb	er City or Town	State Zin	Code		
Ž	D ST ST										ooday		
a)	2 9 E E		Susan Irick-Hacke 20a. Mathod of Disposition		3121	Babashav sition (Name of	w Court, F	Dete	20c. Location -		um State		
0	SOL		1 X Burial 2 ☐ Cramation 3 ☐ F	Removal from Stata	ematery, cren	netory or other pla		- 10					
Ë	artmen ortant: Injury		4 ☐ Donation 5 ☐ Other (Specify)	Qu	antico	Nationa	1 Cem. 6-	28-96	Triang!	Le, V	irginia		
Baltimore,	pemit. Page Department of Important: If any Injury or once.		21. Signeture of Funeral Sarvive Users	inde.			ylor Funer St., Anna						
			23a. Part1. Enter the diseese, or compleshock, or heart failure. List only or	ications that caused the deat						-	Aporoximeta		
	Physician		shock, or haart failura. List only or	na cause on each line.						,	Interval Between Onset and Death		
	/Medical		Immediata Causa (Final diseasa or condition resulting in death) a. Acute Myocardial Insarction 5/1m										
	Examiner		disaasa or condition rasulting in death)	Houte	My	ocardi	AL	いちA	rctio	ν :	5/MIN		
0		<u>.</u>		Dua to (c	r es e conseq	uance of):				i			
	D #	Ę		o. ———————									
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68760,	rificate be executed ng physician and as the bunel-transit	Ca											
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o	that the de ed by the detached	ıys	Part II. Other significant conditions cor	ntributing to death but not ras	van in Part I.	23b. Did tobacco use contribute to the cause of							
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of Vital Records,	S 6 8	by							EARS	Date 14/-			
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<u>ra</u>	ilclan: The certificate rector, pag	Bec	25. Was cesa raferred to medicel		26. Placa of Death	(Check only			1000				
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Division	ding l h. After fune	Certification:	1 Natural 5 ☐ Pending	28e. Data of Injury (Month, Day Year)	Injury	Wo	rk? Yas 2□No	00. 00001100					
Si	Attending or deeth.	cat	2 Accidant investigation 3 Suicide 6 Could not be										
⋈	or Attendation of the or after deet of the or or or or or or or or or or or or or	틭	4 Homicida datarmined	2	8f. Location (City or To	Street and Numb wn, Stata)	er or Rural	Routa Number,					
	rs after al Olr	S											
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	the the	Med	20h Signature and title of contilier	and menner stated.	3	A DOn Store	a number		20d Data size:	d (Manual)	Day Vocal		
	5 ± € 9		29b. Signatura end titla of certifier	1) Do	2put	29c. Licans			29d. Data signe				
			Millen	Kakon	n	T	060	54	6/25	5/9	6		
			30. Nama and addrass of person into oc	impleted siuse of death (Itan	23a) (Type,	Print)	- Am			-			
			Milliam P.	Tours		695	- Am	enin	4 =	211	235		
	Sta	te	31. Data filed (Month, Day, Year)	32. Registrar s Signa	ture		11110	,					
	Registr		JUL 01 199	Julia David	Son-Rank	عاظما							
			m 100	- U									

State of Maryland / Department of Health and Mental Hygiene Q C

						Certificate of	f Death	R	eg. No.	0 6	0606				
	Dhuniai		1. Decedent's Name (First, Middle, La	·				2. Dete of Dea Month	th	Vear	3. Time of Death				
	Physic /Medi		Cornelia Cragg Herron June 28 1996												
A	Examir		4a. Facility Name (If not institution, give streat and number) 4b. City, Town, or Location of Deeth 4c. County of Dee												
			Meridian Health				Annapoli ar If Under 24 Hrs.			Arunc					
	Funeral Director		218-36-8397	1□M 2ĬŬE	(In yrs. last birt	hday) If Undar 1 Ya Months Day	(Month, Day	tta of Birth 9. Birthpleca (S Country) t 18 1911 Maryla							
	and w		Usual Rasidance of Decedent 10a. Steta 10b. County 10c. City, Town or Location 10d. Inside City												
	Mary Mary	tor	MD Anne Ar	undel		Annapoli	s				1X Yes 2□No				
	fer deeth with the Marylar fems 23a or 23s4 show ther must be rettined at	I Director	10e. Street and Number 146 Monticello A	Og. Citizen of What Country? United States											
	deett deett	Funeral	11. Marital Status	12. Was Decedent Ev	er in U,S.	13. Was Decedent of	of Hispenic Origin? (Spuban, Mexican, Puerto	ecify Yas or No-		a - Amarica					
Maryland 21215-0020	Jaithin 72 hours after deeth with the Maryland jiene. r than "natural", or items 23a or 28a-f show the Medical Examiner must be recitied at	by	1 Never Merried 2 Married 3XXX Widowed 4 Divorced	Armed Forcas? 1 ☐ Yes 2XX\\ If Yas, Giva Yeer or Detes:		If Yas, specify C		Rican, etc.)	Specify	ck, White, et Whi					
5-0	72 ho	Completed	15. Decedent's E. (Specify only highest gra	ducation	16e.	Decedent's Usuel Occ	cupetion	ina	16b. Kind of B	usiness/Indu	ustry				
2	C	nple	Elementary/Secondery (0-12)	College (1-4or 5+)		life. DO NOT use ret	na during most of work ired)	"Ig							
2	filed within Hygiene. other than	Co	12			Secretary				king					
anc	S d is v	To Be	17. Fether's Neme (First, Middle, Last, John W. Cragg	9			18. Mother's Nem	e <i>(First, Middl</i> e, i y Elizab							
Ž	d 2 should by the end Mente T le marked traumatic en	٢	19e. tnforment's Neme/Reletionship (Time Brinth	100	Staillan Address /Ctr	eet and Number or Rur								
Ma	12 s		Elizabeth B. Ba	_		100									
ē,	f Heelth them 27 other tr		20e. Method of Disposition	rnnouse-	20b. Plece of	Disposition (Name of	eorge St.		20c. Location						
Baltimore,	permit. Peges Department of I Important: If its eny injury or or once.		1 □XBurial 2 □ Cramation 3 □ Removel from Steta 4 □ Donation 5 □ Other (Specify) Hillcrest Memorial Gardens 7/2/96 Annapolis, Man												
Bal	Deparit Depart Import eny in	(21 Signature of Funegal Service Licer	hus to		22. Nama and Add	drass of Facility Ohn Of Glouce	M. Tayl	or Fund	eral H	lome,Inc. 1D21401				
			23a. Pert1. Entar the disease, or compile thions that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert feilure. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth												
	Physician														
1	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death) a. (hvonic Myelvgenous lev Kemin 12 yr												
		_	rosuming in dooring			consequence ot):									
	nsit	- Lu													
oʻ	execu an and riel-tre	Examiner													
68760,	deeth certificate be executed e attending physician and of for usa es the buriel-trensit	Physiclan/Medical	Ceuse (Disease or injury that initiated events resulting in death) Lest Dua to (or as a consequence of):												
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-	thet the deeth ce ed by the attendir detached for usa	Icla	Part II. Other significant conditions of	Sontributing to death but	not reculting in	the underlying source	shien in Deet I	22h Did to	Did tobacco use contribute to the cause of death						
P.0	t the d	hys			not resulting in	given in Pett I.		Yes 2 No 3 Probably 4 Unknown							
	signed to	by P	1) + mension							To res 20 No Sorrobably 4					
Records,	peen	Completed	Demention HyperTa		24e. Was e	24e. Was en eutopsy performed? 24b. Were eut available completio of deeth?									
æ	The law ate has page 2	Eo	*					1 D Y	as 2 No	10	Yes 2□ No				
a		Bec	25. Wes case referred to medical				h (Check only or								
<u>_</u>	Physician: r this certific and director,	To	examiner? 1 ☐ Yas 2☐No	Hospitel: 1 Inpatient	2 ER/Out	tpatient 3 DOA	Other: 4 🖾 Nursing Ho	me 5 Reside	ence 6 Oth	er (Specify)					
Division of Vital	Attending Pt r death. sctor: After th by the funeral		27. Menner of Death 1 Naturel 5 Pending 2 Accident investigation		/ear) 28b. T		e of 28c. Injury et 28d. Dascribe how injury occurred Work?								
Divis	or Attender de Directo	Certification:	3 Suicida 4 Homlcide 6 Could not be determined 28a. Place of Injury - At home, ferm, street, fectory, office building, atc. (Specify) 28t. Location (Street and Number or Rural Route Number City or Town, State)												
	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical (29a. Certifier (Check only one) Certifying Ph	hysician: To the best of r ntnar: On the basis of en end mannar state	camination end	deeth occurred et the Vor investigetion, in m	time, dete end plece, y opinion, deeth occurr	and due to the c red at the time, d	ause(s) and me ete and piace,	enner es ste and dua to t	ited. tha cause(s)				
	To th To th comp	Me	29b. Signeture and title of certifier	e andrea	/	29c. Lice	ense number	2	9d. Dete signe	d (Month, D	ay, Year)				
			mela	NEM	m		D17965		July 1	, 1996	,)				
			30. Neme and andress of person who	completed cause of dea	th (Item 23a) (J						
			Joseph N. Frien	d, M.D. 205	Ridgle	ey Avenue	Annapolis,	MD 2140	1 (410	-268-3	3232)				
	Sta		31. Dete tiled (Month, Day, Year)	32 Registrar	Signatura	anda 90 -									
	Registr	ar	JUL 01 1998	Lamore	1 don - No	a future									

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene

20607 Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Date of Deeth ^{Day} 26, **Physician** Month HAGAN Marion Eunice 1996 June 11:45 A.M. /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 7204 Bowers Road Frederick Frederick 5. Social Sacurity Number If Under 1 Year If Undar 24 Hrs. 8. Dete of Birth (Month, Day, Year) Feb. 28, 1922 7. Age (In yrs. last birthdey) 9. Birthplace (Steta or Foreign Country) **Funeral** 1□M 20XF Deys Hours 197-22-2144 74 Yrs **Director** Maryland Usual Residence of Decedant pemit. Pages 1 end 2 should be filed within 72 hours after deeth with the Marylen Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examiner must be notified at once. 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Frederick 1X Yes 2 □ No Director Frederick Maryland 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 993-D Heather Ridge Drive 21702 U.S.A. Funeral 12. Wes Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indien, Black, Whita, atc. 1 Never Marriad 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yas 2 🗓 No Specify: White þ Specify: 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usuei Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) Assembler Factory 18. Mother's Nama (First, Middla, Maldan Sumeme) 17. Fathar's Nama (First, Middla, Last) Be William Eyler 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Addrass (Street and Number or Rurel Route Number, City or Town, Stata, Zip Coda) Terry W. Harding, Son 7204 Bowers Road, Frederick, MD 21702 20b. Placa of Disposition (Nama of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata Mount Olivet Cemetery, June 29,1996 Frederick, Maryland 4 □ Donation 5 □ Othar (Spacify) 21. Signeture of Funeral Sarvice Licensee 22. Nema end Addrass of Facility Keeney & Basford P.A. Funeral Home 106 East Church Street, Frederick, llan M00703 MD 21701 23a. Pert1. Enter tha diseese, or complications that caused be shock, or heart laliura. List only one cause on each limit Do not antar the mode of dying, such es cardiac or respiratory arrest, Approximeta Intarvai Batween Onset and Death **Physician** /Medical Immediata Causa (Final diseesa or condition resulting in deeth) nonths Examiner Examiner physician end the buriel-transit Sequantially list conditions, if any, laading to immadiata causa. Enter Undarlying Cause (Disaasa or Injury that initiated events rasulting In daath) Last Dua to (or as a consequence of): Box 68760 Physician/Medical Dua to (or as a consequence of): ettending p Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Records, P.O. 23b. Did tobacco use contribute to the cause of death? the been signed by should be detac 12 Yes 2 No 3 Probably 4 Unknown þ 24b. Ware autopsy findings available prior to complation of cause of death? 24e. Wes en eutopsy performed? Completed 1 Yas 2 1 No 1 ☐ Yes 2 ☐ No certificate Division of Vital Hospital or Attending Physician: 24 hours after death. Puneral Director: After this certifical etely filled in by the funeral director, p Be 25. Wes casa ralarred to medical 26. Placa of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 27. Mannar of Death 28b. Tima of 28d. Dascribe how Injury occurred 28a. Deta of Injury (Month, Dev Year) 28c. Injury et Work? 1 Naturai 5 Panding 1 ☐ Yas 2 ☐ No invastigation 2 Accidant 6 Could not be determined 3 Suicida 28a. Piaca of Injury - At home, Ierm, streat, lactory, office building, atc. (Specify) 28f. Location (Street and Number or Rurel Routa Number, City or Town, Stata) 4 Homicide To the Hospital or within 24 hours eft To the Funeral Di completely filled in Certifying Physician: To the best of my knowledga, daath occurred at the tima, data and piaca, and due to the causa(s) and manner as stated.

| Certifying Physician: To the best of my knowledga, daath occurred at the time, data and piaca, and due to the causa(s) and manner stated.

| Certifying Physician: To the best of my knowledga, daath occurred at the time, data and piaca, and due to the causa(s) and manner stated. 29a. Cartifiar Medical 29b. Signature and title of certifier 29c. Licansa number 29d. Date signed (Month, Day, Year) 8 of beach who complated causa of death (Item 23a) (Type, Print) Dr. Allen J. Gilson, M.D., 1475 Taney Avenue, Frederick, MD 21702

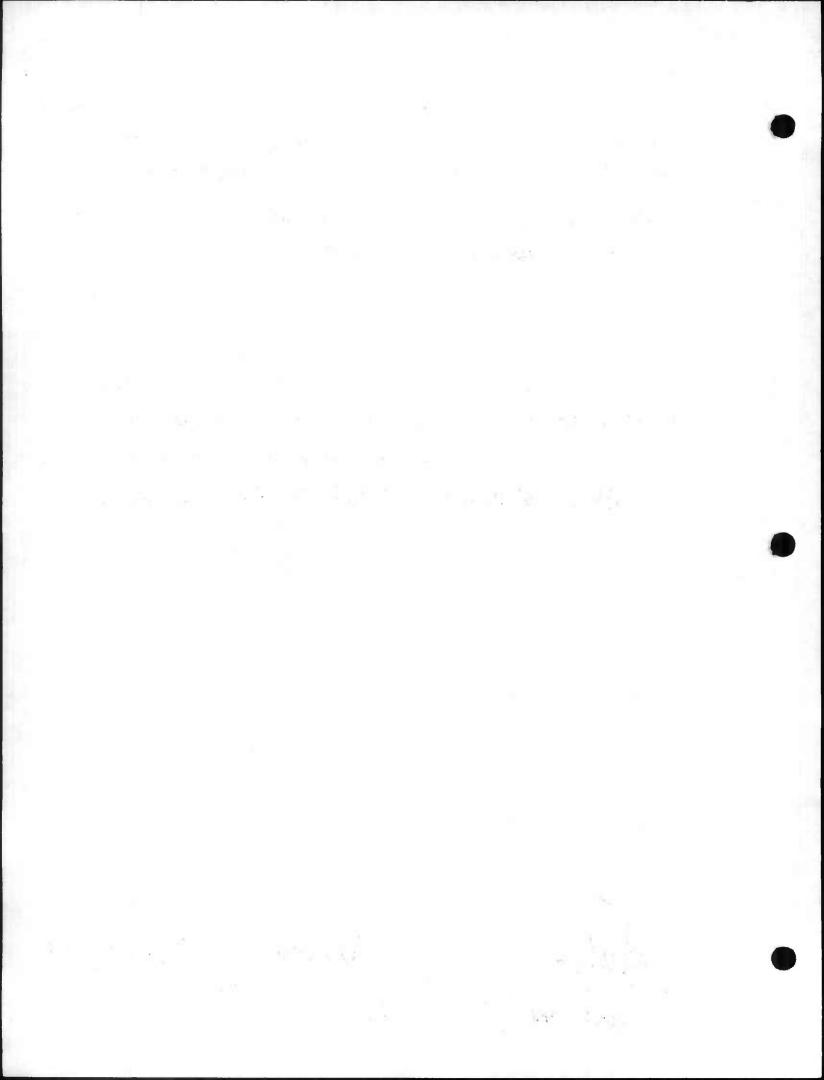
32. Registrer's signature

Registrar **DHMH 16 Ray 6/95**

State

31. Data filed (Month, Day, Year)

JUN 2 8



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

							Cei	titicat	e or	Death			Reg. No.			000
П	Physic	ian	1. Decedent's Name (First, Midd	lla, Last)								2. Date of D Month	Peeth Dev	Year	3. Time	of Deeth
	Physician /Medical WILLIAM HALLER HAMMOND					MOND						June	24, 19		8:05	AM
· S	Exami		4a. Facility Neme (If not institution	stitution, give street end number)				4b. City, Town, or Lo								
			6829 Buckingha					William	1 1		ceyst			deric		
Г	Funeral		5. Social Security Number	6. Sex 1 X M 2 □		a (In yrs. last bi	rthdey). Yrs.	If Under Months			24 Hrs. Min.	8. Data of B (Month, D			lace (Steta	or Foreign
l,	Director		220-28-3053 Usuel Rasidence of Decedent			62	113.					Jan. 1	4, 1934	Mary	yland	
	land		10a. State 10b. County	/		10c. City, Tow	n or Lo	cation						1	Od. insida (Olty Limits
	Mary	ţ	Maryland Frederick Buckeystown										1♣ Ya	s 2 No		
	h tha	Director	10e. Street end Number					10f. Zip	Coda				10g. Citizen of	Whet Coun	t Country?	
	h wit		6829 Buckingh	am Lane					217	17				U.S.A	Α.	
	dea	Funeral	11. Maritel Stetus 1 □ Nevar Married 2 ☑ Merried 3 □ Widowed 4 □ Divorced 12. Wes Decedent Evar in Armed Forces? 1 □ Yes 2 □ No If Yes, Give Year or Detes:				13. \	Ves Dece	dent of	Hispanic Or	igin? (Sp	ecify Yes or N Ricen, atc.)	14. Rac	e - Americ		
20	or it	E N	1 ☐ Nevar Married 2 ☑ Mei	rried 1 📉	es 2 🗆 f	^{No} Korean		I □ Yes					Specif		oto.	
21215-0020	72 hours after death with the Maryland natural", or items 23a or 28a-f show oceal Examiner must be notified at	d by	3 Widowed 4 Divorce		or Detes:									Wh	ite	
5	n 72 I	Completed	15. Deceder (Specify only highe	nt's Education est grede complet	ed)	186	(Give	lent's Usu kind of wo	el Occu	petion during mos ed)	t of work	ing	16b. Kind of B	usiness/inc	dustry	
12	e filed within al Hygiena. I other than vent, tr. Ne	E	Elementery/Secondary (0-12)	Colleg	9e (1-4or 5								Fort	Detri	ck	
D	filed Hygi off.		17. Fether's Neme (First, Middle,	Last)	U.S. Govern				LIIIIC	T			a, Maldan Suman			
au	Mental Mental arkad o	To Be	Paul Hammond							Gend	ora F	laller	.ler			
ary	2 should and Men is marked	-	19a. fnformant's Neme/Reletions	198	. Mellin	g Address	s (Stree	t end Numb	er or Run	al Routa Num	ber, City or Town	Stete, Zip	Code)			
Σ	1 and 2 Haaith a am 27 is		Sharon Hammond	, Wife	ife 6829 Buc				ing	ham La	ane,	Buckey	keystown, MD 21717			
S 1 8	of Ha Itam		20a. Method of Disposition		come/on			f Disposition (Neme of ry, cremetory or other plece)				Dete	20c. Location	City or To	y or Town, Stete	
altimore, Maryland	Pagnant: Murt: If		1 ☑ Burial 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other		Hamovai from Stete			t Olivet Cemetery				6/27	6/27 Frederick, Maryland			
	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once		21. Signature of Funeral Service Licenseed ROBERT E. DAILEY & SON FUNERAL HOMES										MES.	P. A.		
0	88558		Notes A	186	est	H							EDERICK,			
			23a. Part Ir Enter the disease, o shock, or heart failure. Lis	complications the	at caused	ne death. Do	not anti	ar tha mod	de of dy	ing, such as	cerdiac	or respiretory	errest,		Approxime Intervel Be	ete
N	Physician			U	1										Onset end	Deeth
	/Medical Examiner		Immediate Cause (Finel disaasa or condition	CARCIN	100	M (SF	THE	pr	05777	t		5 YE	ARS		
	EXa.IIII		resulting In deeth) Due to (or es a consequence of):									1	-			
Т	nsit	Examiner		b												
	axecu and el-tra	xar	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury									i				
68760,	certificate be executed ding physician and isa as the buriel-transit		Cause (Disease or injury thet Initieted events	Due to for so a	to (or es a consaquance of):											
89	ificat g phy as th	Medical	resulting in daeth) Last													
ŏ		S		d												
0	The law requires that tha death or at has been signed by tha attenvate has been signed by the attenvage 2 should be detached for un	Physician	Pert II. Other significant conditi	one contributing t	ntributing to death but not resulting In tha underlying cause given in Pert f.						f.	23b. Did tobacco use contribute to the cause of death?				
P.0.	et the	Phy										1 Yee 2 No 3 Probably 4 Unkr				Unknown
	w requires that been signed t should be det	by														
0.0	een s binor	Completed										24a. Wa per	s en eutopsy formed?	eve	ere sutopsy eileble prior	to
ec	has by	nple													mpletion of death?	ceuse
		S										1□	Yes 2 No	10	Yas 25	No
VIII.	delan: The cartificata rector, pa	Be	25. Wes case referred to medical examiner?	1000000							e of Deetl	Check only	one)			
5	Physic this crain dir	To	1 Yes 27 No 27. Mennar of Deeth		☐ Inpatie				JA				sidence 6 Oth		y)	
no	Affar funar	lon	1 ☑Neturel 5 ☐ Pendi	ng (A	fonth, De	ry Year) 28b. Tima of Sec. Injury et Work? 28d. Describe how injury occurred Work? 1 □ Yes 2 □ No										
Division of Vital Records,	i or Attending Physician: after death. Director: After this cartific J in by the funeral director,	lica	3 Sulcide 6 Could	not be	ece of Ini	ury - At home, fe	rm stre					28f. Location	28f. Location (Street end Number or Rural Routa Number,			
5	PAN	Certification:	4 ☐ Homicide determ	bi	ilding, etc	c. (Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , ,	,				own, Stata)			
	To the Hospital or Attanding Physician: within 24 hours after death. To the Funersi Director: After this cartific complately filled in by the funeral director.		29a. Cartiflar Cortifyin	ng Physician: To	the best o	of my knowledge	, deeth	occurred	at the t	ime, dete er	nd placa,	end dua to the	e ceuse(s) end me	enner es st	eted.	
	n 24 l	edical	(Check only 2 ☐ Medical one)	Examiner: On th	e basis of nenner ste	examinetion an	d/or Inv	estigation	, in my	opinion, des	th occurr	ed at the time	, date end place,	and due to	the cause	(s)
	To the Hospital within 24 hours a To the Funeral i completely filled	Σ	29b. Signature and title of cartifu	Se M	1/0	lo_	0	290	c. Licen	se number	11		29d. Data signe	d (Month,	Dey, Year)	
			1/	mone.	10	ony	C		0	3/ /	0/		6/25	176		
			30. Neme end eddress of person													
			Brian M. O'Cor	mor, MD		1 West	Sev	enth	Str	eet,	Fred	erick,	Marylan	d 217	01	
	Sta Registr		31. Dete filed (Month, Day, Year)	6 1996 34	. Hegiste	er's Spretule	rha	delli								
	ricgisti	ul	30		100			4.2								

CIP ITEMS: 23 PART I, 27, PER MED FILM G-737 7/12/96 t.t

State of Maryland / Department of Health and Mental Hygiene 9 6

Certificate of Death

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1	/	11	6	11	6
	Date			V	100

Physician	
/Medical	
Examiner	

ANTHONY **EUGENE** 4e. Fecility Name (If not institution, give street end number)

HALL

2. Dete of Deeth JUNE 21, 1996 3. Time of Death 10:30AM

UNIVERSITY HOSPITAL

1. Decedent's Neme (First, Middle, Last)

4b. City, Town, or Location of Death BALTIMORE

4c. County of Deeth

Funeral Director

r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at

"natural",

Hygiene.

Peges 1 and 2 should be nent of Health end Mentel nt: if Item 27 is marked or

other

the Marylend

72 hours efter

Baltimore, Maryland 21215-0020

1MM 20 F 218-90-9472 Usuei Residence of Decadent

if Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 8. Dete of Birth (Month, Dey, Year) Deys

Birthpiece (State or Foreign Country)

Director

þ

Completed

Be

Examiner

Physician/Medicai

þ

Be

P

Certification:

Medical

10a. State 10b. County Maryland

10c. City. Town or Location

Yrs.

7. Age (In yrs. lest birthday)

23

Nov. 10,1972 | Maryland 10d. Inside City Limits

10e. Street end Number

5. Social Security Number

Randallstown 10f. Zip Code

1 Yes 2 No 10g. Citizen of What Country?

Black

9636 Axehead

11. Marital Stetus 1 Never Merried 2 Married 3 ☐ Widowed 4 ☐ Divorced

Ct. 12. Was Decedent Ever in U,S Armed Forces? 1 ☐ Yes 2 No If Yes, Give Yeer or Dates:

13. Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 No

14. Race - American Indien, Bieck, White, etc. Specify:

15. Decedent's Education (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+)

Baltimore

16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired)

Student

21163

16b. Kind of Business/Industry

Hagerstown, Md.

United States

Vocational 17. Fether's Neme (First, Middle, Lest)

18. Mother's Name (First, Middle, Maiden Sumeme)

6-26-96

Student

Reginald

S. Hall

Joan

Davis

19a. Informent's Neme/Relationship (Type, Print)

19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

REginald & Joan Hall /parents 20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State

20b. Pleca of Disposition (Name of cametery, cremetory or other plece) Hagerstown Crematory

6922 Turnberry ct./ Frederick, Md. 20c. Location - City or Town, Stete

4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee

22. Name end Address of Fecility

Stauffer Funeral Home

Tay monet elesa

1621 Opossumtown Pike/ Frederick, Md. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or need failure. List only one ceuse on each line.

Physician /Medical Examiner

physicien end s the burief-transit

use es

ed by the e

igned b

page 2 should Completed

certificate

s efter dec.

To the Hospital o within 24 hours of To the Funeral Di completely filled is

The law requires that the death certificete be executed

Box 68760.

P.O.

Division of Vital Records.

or Attending Physician:

permit. Peges 1
Department of H
Important: If Itel
any injury or ott

Immediete Ceuse (Final

disease or condition resulting in death)

HE'AD	INJ	URI	ES

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

Due to (or es e consequenca of):

Due to (or es e consequence of):

Due to (or es a consequence of):

Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events resulting in death) Lest

1 🗆	Yas	2 No	

23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown

24a. Wes en eutopsy performed?

24b. Were eutopsy findings eveilable prior to completion of cause of death? 1 Yes 2□ No

Approximate Intervel Between Onset end Deeth

Ì	25.	Wes	case	referred	to	medical
ļ		10	Yes	2□ No		

27. Menner of Deeth 5 Dending Investigation 6 Could not be

28a. Dete of Injury (Month, Dey Year) 6/20/96

Hospitel: 1 Hopatient 2 ER/Outpetlent 3 DOA 28b. Time of 28c. Injury et Work? Injury 12:30

1 ☐ Yes XX No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

1 Yes

SUBJECT FELL 28f. Location (Street end Number or Rural Route Number, City or Town, State)

28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) HOSPITAL 29e. Certifier

SYKESVILLE. MD

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted.

2 Medical Examinar: On the basis of exemination end/or investigation, in my opinion, deeth occurred et the time, date end pieca, end due to the cause(s) end menner steted.

(Check only one) 29b. Signeture end title of certifier

1 Naturel

Accident

4 Homicide

3 ☐ Suicide

29c. License number 29d. Dete signed (Month, Dey, Year)

26. Place of Deeth (Check only one)

O.C.M.E.

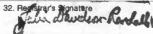
JUNE 22, 1996

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

A-Korsu M111 Penn Street, Baltimore, Maryland 21201 MARYDRIAN 31. Dete filed (Month, Dey, Year)

State Registrar

JUN 2 8



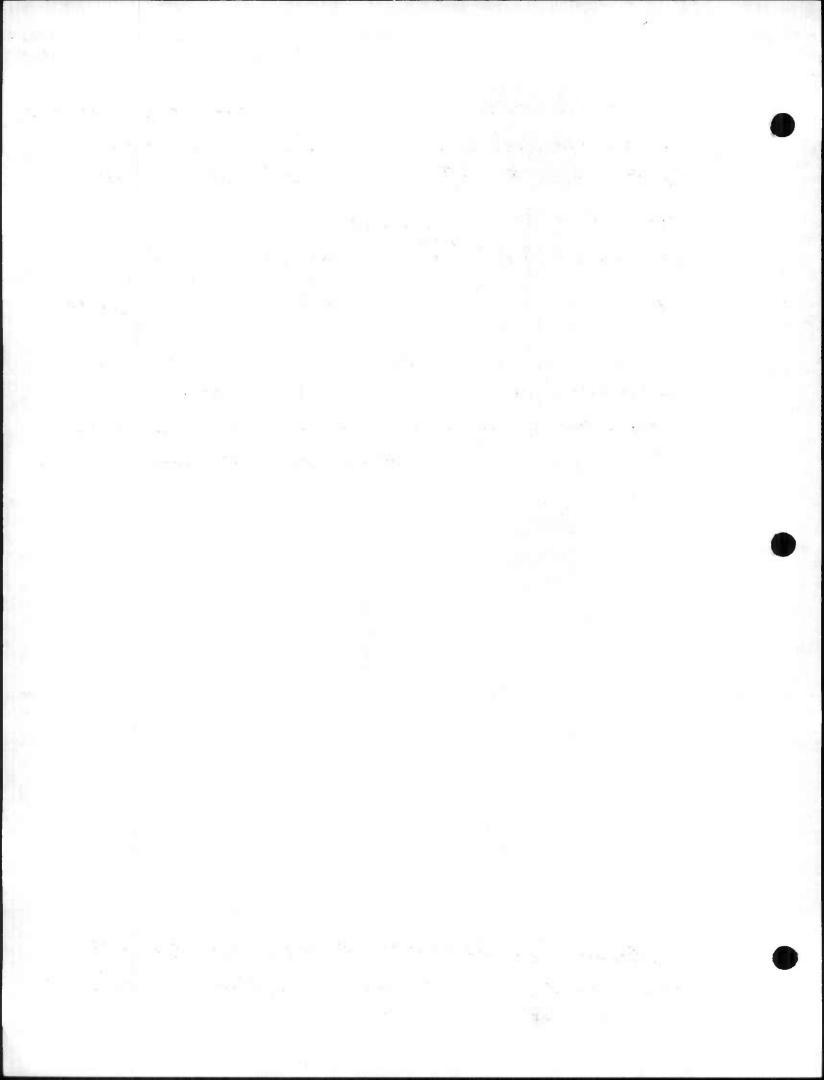
THE PARTY OF THE P

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

				Cei	tificate of	Dealli		Reg. No.		
Physici	ian	1. Decedent's Name (First, Middla, La	·				2. Dete of De Month	eth Day	Yaar	3. Tima of Death
/Medi		Goldie I.	Heflin				June			11:15 A.M
Examir		4a. Facility Name (If not institution, gh	re street and number)			4b. City, Town, or	Location of Deat	h 4c. County	of Death	
		Frederick Me	merial Ho	Sp.		Frede	14, Wa	! Fred	derich	-
Funeral		5. Social Security Number 6. 5	Sex 7. Aga (In	yrs. last birthday)	If Under 1 Year Months Days	If Undar 24 Hr Hours Mir				oca (Stata or Foraig
Director		577-44-8028	1□M 2DXF 8	7 Yrs.	Months Days	HOUIS DAI	12/13	109	Virg	inia
P _		Usuel Residence of Decedant						1		
me 23a or 28a-f ahow		10a. Stete 10b. County		City, Town or Lo					100	d. Inside City Limit
28a-fahor neuffedat	Ş	Md. Frede	vick	Frede	nch					Yes 2□N
20 0	ie	10e. Street and Number	Citi	zens	10f. Zip Code			10g. Citizen of	What Country	y?
238	10	2200 Kosement	Ave u	H.	d	1702		1/SA		
al', or herns 23a or	Funeral Director	11. Maritai Status	12. Was Decedent Ever	in U,S. 13. \	Wes Decedent of It Yas, specify Cub		Specify Yas or No	- 14. Rac	e - Amaricar	
or hems	F	1 Nevar Married 2 Married	Armed Forces? 1 ☐ Yes 2 No If Yes, Give		. /		rto Rican, atc.)	Ble	ck, White, et	ic.
natural", or the	by	3 Widowed 4 □ Divorced	If Yes, Give " Yaar or Detes:		Yes 2000	Specify:		Specif	1. Ich	He
	bed	15. Decedent's E	ducation	16a. Deced	ient's Usual Occup	ation		16b. Kind of B	usinass/Indu	istry
ena. than "n	Completed	(Specify only highast gra Elementery/Secondary (0-12)		(Giva	kind of work done OO NOT use retire	during most of wo d)	orking			
Hygiena. other than	EO	1 2	College (1-4or 5+)	Hom	emaker			Dame		
other vent, p	C	17. Fether's Neme (First, Middle, Last)	пои	lemaker	18. Mothar's Na	ma (First, Middle		estic	
and Mental Is marked or	o Be	Arthur Wesley	Mathews			Gradi	e Magal			
marked marked imatic ev	2	19e. Intorment's Neme/Ralationship (10h Mollin	ng Address (Street				State Zin C	Pada I
trau trau		· ·	**							
Health em 27 other tr		Betty L. Roge 20a. Method of Disposition		b. Plece of Dispo	Ella (it. Je	fferson	20c. Location	217	
rages i and 2 should be lied within 72 nd inent of Health and Mental Hygiens. Int: If Item 27 is merked other than "netuinty or other traumatic event, the Medical		1 Burlel 2 Cremetion 3	Ramovai from Stata	cemetery, cren	natory or other pla					
Int.		4 ☐ Donetion 5 ☐ Other (Specif	(y)	Monocac	y Cemet	cery	6/24	Bealls	ville	e, Md.
Department of Health Important: If item 27 any injury or other ti once.		21. Signeture of Funaral Sarvice Licer	nsaa	22	. Nama and Addre	ss ot Fecility	0 11			
86598		Ling PII	440		Hiltor	Furera	& Hom	Barre	1501/le	
		23a. Rart1. Enter the diseasa, or comshock, or heert feilure. List only	plications that caused tha	daath. Do not ent	er tha moda of dyli	ng, such as cardie	ac or respiratory a	rrast,	000	Approximete ntervei Between
hysician		snock, or neert tellure. List only	one cause on each line.						"	Onsat end Deeth
/Medical		Immediate Cause (Final	/						į	1.11.
xaminer		diseasa or condition resulting in deeth)	0	210					<u> </u>	Cho
	ē		Due	to (or es a conseq	uence of):				1	
nsit	Examiner		b. The	now	ca					
al-tra	xa	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseesa or Injury	Due	to (or as e conseq	uence of):				1	
iding physician and ise as tha burial-transit		Cause (Diseesa or Injury	c							
phys tha	Medical	thet initiated events resulting in deeth) Last	Due	to (or as a conseq	uence of):					
ding physician and ise as the burial-trai	¥	L	d							
F -3	ian									
ed by the atte	Physiciar	Pert II. Other significant conditions of	contributing to death but no	resulting in the ur	nderlying ceusa giv	ven in Part I.	23b. Dld	tobacco use co	ntribute to t	the cause of death
ed by th	F.						10	Yes 2 No	3 Proba	ably 4 ☐ Unknow
6.8	þ									
been sign should be	Completed						24a. Wes	en eutopsy ormed?	eval	e autopsy findings leble prior to
2 s	D e			-			200		of de	pletion of causa seth?
	E						10	Yas 200 No	10	Yas 2□ No
certificata rector, pag	BeC	25. Wes cese reterred to medical				26 Place of De	eth (Check only			
	To B	examiner? 1 Yes 2 No	Hospitei:	2 ER/Outpetlen	t 3 DOA Oth	oor:	Home 5□ Res		or (Consily)	
rthis		27. Manner of Deeth	28a. Dete of tnjury	28b. Tima of				how injury occur		
Afte fune	tor	1 Neturel 5 Pending 2 Accident Investigation	(Month, Day Yea	(r) Injury	28c. Inju Wo M 1□	rk? Yas 2 □ No		, , ,		
deal ctor: y tha	lica	3 Sulcida 6 Could not b	e Ogo Diogo of Injury	At home term etc			28t Location	Street and Numi	her or Rural I	Route Number
Direction of the property of t	Certification:	4 ☐ Homicide determined	building, etc. (Sc	ecify)	aet, rectory, onice		City or To	wn, Stete)	JOI OF FIGURE	rioute realiber,
		00-0-48								
E B	@	29e. Certifier (Check only one) Certifying Ph	ysician: To the best of my niner: On the basis of exar	knowledge, death ninetion end/or inv	occurred at the tit estigation, in my o	me, dete end plea opinion, deeth occ	e, end due to the curred et the time,	dete end piece,	enner es stat end due to t	ted. the cause(s)
Funeral Funeral taly filled	≌		end menner steted.		00. 11			00.4 D.4. 1	D	
the Funeral mpletaly filled	Medical				29c. Licens	se number		29d. Date signe	ru (Month, Di	uy, rear)
within 24 hours after death. To the Funeral Director: After th completaly filled in by tha funeral	Medic	29b. Signeture and title of certifier	137	1 112			- 1-1	//	11/1	
within 24 hours To the Funeral completaly filled			Bed	in MA	030	1451	md.	6/2	4/6	
within 24 hours To the Funeral completaly filled			completed ceuse ot deeth	(Item 23e) (Type,	030	1451	md.	6/2	4/6	
within 24 hours after death. To the Funeral Director: After completaly filled in by tha funer		29b. Signeture and title of certifier	completed couse of deeth		030		Md. Frel	C/2	4/6	unes



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) Tima of Death 2. Data of Daath 1996 **Physician** Hahn Catherine Freda 1 July /Medical 4e. Fecility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Frederick Frederick Frederick Health Care Nursing Home | H Under 1 Yeer | H Under 24 Hrs. | 8, Data of Birth Months | Deys | Hours | Min. | Feb • 22, 1909 7. Age (In yrs. last birthday) 87 Yrs. 5. Social Security Number Birthpiece (Stata or Foraign Country) **Funeral** 1 M 2 F 213-18-9964 Maryland Director Usual Residence of Dacedent the Meryland 10e State 10h County 10c. City, Town or Location 10d. insida City Limits 7 is marked other than "natural", or flams 23s or 28s-f sho traumetic event, the Medical Examiner must be notified at Frederick Frederick 1 Yas 2 No Maryland Director 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? with 609 Mary Street 21701 U.S.A. Funeral 14. Race - Amarican Indian, Black, White, atc. 12. Was Decedant Ever In U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 1 Never Merried 2 Married 1 ☐ Yes 2 ☐ No If Yas, Give Yaer or Dates: Specify: White 1 ☐ Yas 2 TNo Specify: þ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Retail Stores Elamantary/Secondary (0-12) Collega (1-4or 5+) Sales Clerk years 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Robert Lantz Ruth Fogle 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 4822 Old National Pike, Frederick, Md. Roland D. Hahn 20b. Piace of Disposition (Nama of cometery, crametory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stata 1996 1 ■ Buriel 2 □ Cremation 3 □ Ramoval from Stata Mt. Olivet Cemetery July 5 Frederick. Md. 22. Nema end Addrass of Facility Keeney & Basford P.A. Funeral Home Keeney #M00652 106 E. Church St., Frederick, Md. 21701 23e. Part1. Entantia diseesa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one ceuse on each line. Approximate Interval Between Onset and Death **Physician** /Medicai Immediata Cause (Final 2 wks diseasa or condition rasulting in death) Examiner Examiner physician and s the buriel-transit Sequentially list conditions, if any, laeding to immadiete causa. Entar Undarlying Cause (Disaasa or Injury that initiated avants resulting In daath) Last Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as e consequence of): USB BS for use as Part II. Other significant conditions contributing to death but not rasulting in the underlying cause givan in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown signed by t ð 24b. Wara eutopsy findings evailabla prior to complation of causa of death? Completed peed has 25. Was casa rafarred to medical axaminer? Previous CABG 1 ☐ Yas 2 ☐ No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica funeral director, 26. Place of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Othar (Specify) 28a. Data of injury (Month, Day Year) 27. Mannar of Death 28d. Dascribe how injury occurred 28b. Tima of 28c. injury at Work? 1 Natural 5 Pending invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Piece of Injury - At homa, farm, street, fectory, office building, atc. (Specify) 4 Homicide 24 hours Certifying Physician: To the bast of my knowledga, death occurred at the tima, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end menner steted. 29a. Certifiar To the Hosp within 24 hor To the Fune completely fi 29b. Signeture end titla of certifian 29c. Licansa number 29d. Data signad (Month, Day, Year) D 21944 July 2, 1996 My

300 West Ninth St., Frederick, Md. 21701

State Registrar 31. Data filed (Month, Day, Year)

JUL 0 3 1996

32. Posistrat Signature

Audien Reveal

30. Nama and address of person who complated causa of death (item 23a) (Type, Print)

Grissom

James S.

the production in the distribution Subdevelope and the second sec THE PERSON NOT AND A STREET A

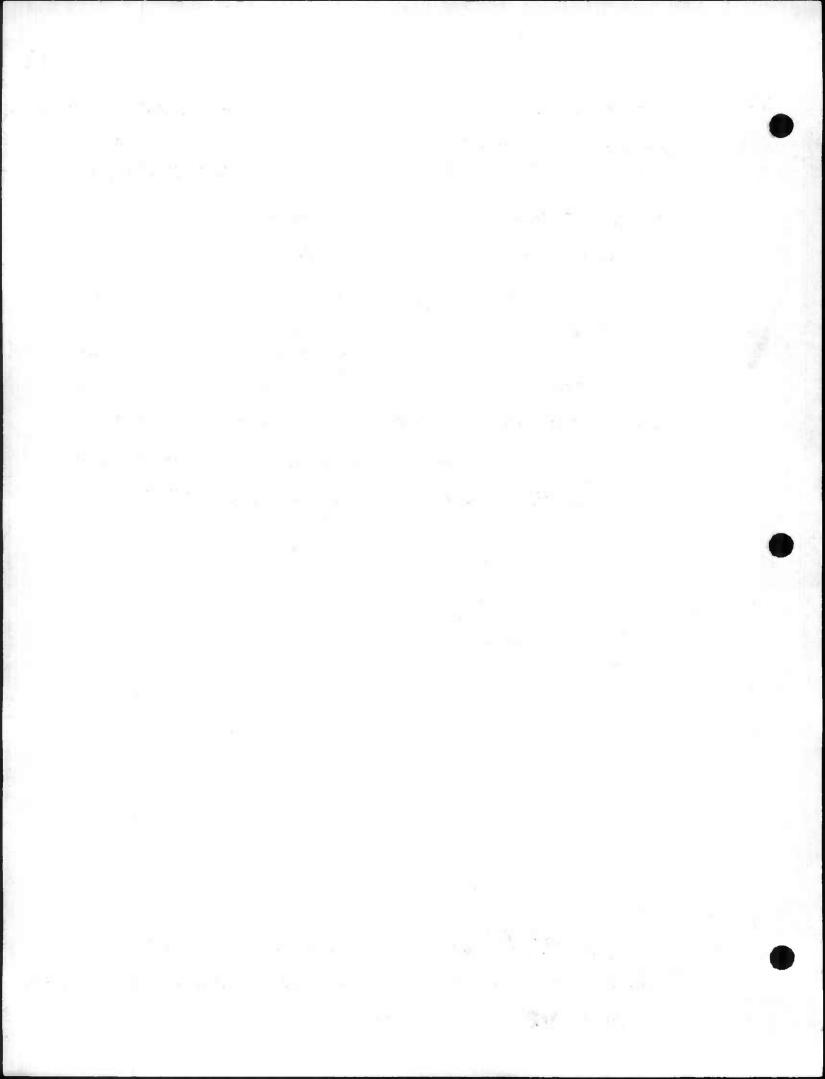
TO A STREET STREET, AT RESIDENCE TO A STREET

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

						or lineare o	Death		Reg. No.		
	Physic		1. Decedent's Neme (First, Middle, John Leonard Hi					2. Dete of De Month June 2	Dey 9, 1996	Year	3. Time of Death 10:00 P.N
1	/Medi Exami		4a. Fecility Neme (If not institution,	give street end number)			4b. City, Town, or L			of Deeth	10.00 1 .1
	LAGIIII		Frederick Memo	orial Hospi	tal		Frederick	ζ	Fre	ederio	ck
	Funeral Director		5. Social Security Number 214–10–2010	Sex 7. Ag	re (In yrs. last birthda 79 Yrs.	y) If Under 1 Yes Months Dey		8. Dete of Bir Feb. 1	th. Year 17	9. Birthpl Count Mary	ace (Stete or Foreign ry) Land
	p ,		Usual Rasidence of Decedent 10a, State 10b, County		400 Other Town	1					
	ahow	-		ederick	10c. City, Town or		rederick			10	od. Inside City Limits 1 Yas 2 No
	the Maryla 28a-f ahor	cto		euelick							1ES Yas 2 No
	ith the	F	10e. Street and Number			10f. Zip Code		10g. Citizen of What			try?
	ath w	7	505 Culler A				21701		5.A.		
	ar da Herm	Funeral Director	11. Maritaf Status	12. Wes Decedent Armed Forces?	Ever in U,S. 13	 Wes Decedent of If Yes, specify Cu 	Hispenic Origin? (Sp iben, Mexican, Puerto	ecify Yes or No Rican, etc.)	14. Rad Bie	ce - America ck, White, e	
21215-0020	within 72 hours after death with the Maryland ane. "neturer", or items 23e or 28e-f show he Medical Exercise must be notified at	by	1 Never Married 2 Married 3 Widowed 4 Divorced	1 X Yes 2 If Yes, Give Yeer or Detes:	941-1941	1 ☐ Yes 2 🛣 N	o Specify:		Specif	. Whi	te
5-	naturaf,	Be Completed	15. Decedent's (Specify only highest)	Education grade completed)	16a. Dec	edent's Usuel Occ ve kind of work don	upetion ee <i>during m</i> ost of work red)	ing	16b. Kind of B	usiness/Ind	ustry
121	Althin han	du	Elementery/Secondery (0-12)		College (1-4or 5+) Insurance S				Life T	cura	nce Compan
7	hor the	ပိ	17 Fether's Name (First Middle 1s	and a	111	surance c		- 1977			ice compan
Maryland	is 1 and 2 should be filed within of Health and Mental Hygiena. of Health are wented other than other traumatic event, the Menter traumatic event, the Menter traumatic event, the Menter traumatic event, the Menter traumatic event, the Menter traumatic event, the Menter traumatic event, the Menter traumatic event, the Menter traumatic event, the Menter traumatic event, the Menter traumatic event, the Menter traumatic event, the Menter traumatic event ev	Be	17. Father's Name (First, Middle, La Char		Hu11		18. Mother's Nam		, Meiden Sumer	Gilbe	ort
2	d Me d Me mark	2				W A			01 -		
Ma	d 2 sho th and 7 is me traum		19e. Interment's Name/Relationship Eleanor G. Hull			-	et end Number or Rur Avenue, Fre				Code)
	Haali Haali		20a. Method of Disposition	i, wire	20b. Plece of Dis	position (Neme of		Dete			an State
Baltimore,	nt of or or or or or		1 ☐ Burial 2 X Cremetion 3		cemetery, cr	plece) Dete 20c. Location - City or Town, Startary, July 1,1996 Smithsburg, Ma					
臣	rtme rtant njury		4 Donation 5 Other (Spe					1,1990	DILLCIIS	burg,	raryrand
Ba	permit. Paga: Department or Important: If I any injury or once.		21. Signeture of Funeral Service Lic	4 4 6	M00703	22. Name end Add Keenev &	Basford P Church St	.A. Fun	eral Ho	me	
_		Ш	Allan	/ - /						k, MD	21701
		, 1	23a. Pert1. Enter the disease, or co shock, or heart teilure. List on	inplications that caused in one ceuse on each	the death. Do not e	enter the mode of d	ying, such es cardiac	or respiratory a	rrest,		Approximate interval Between Onset end Daath
	Physician /Medical		Immediate Course (Final			-					
1	Examiner		fmmediete Ceuse (Final disease or condition rasulting in daath)	e. METAST	ATTC OST	EOSARCO	MA				S HONTHS
		6	A Second Control of the Control of t		Due to (or as e cons	equence of):					
	petr sisua	Examiner		b						i	
<u> </u>	axecu n and al-tra	Еха	Sequentially list conditions, if eny, leading to immediate		Due to (or es e cons	equence of):					
760	a be	cal	Sequentially list conditions, if eny, leading to immediate causa. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or es e consequence of): Due to (or es e consequenca of):								
ox 68760,	n certificata be axecuted anding physician and usa as tha burial-transit	in/Medical	resouring in Gealth Cest								
	h cer endin	Z.		d							
8	v requires that tha death been signed by the atter should be datached for u	Physicia	Pert II. Other significant conditions	contributing to death b	ut not resulting in the	underlying cause	given in Pert f.	23b. Dfd	tobacco use co	ntribute to	the cause of death?
P.0	by th	h'	LUNG META						Yes 25 No	3 Prob	
	se the	by	20106 1.271	2110-2					V		
Records,	en si	8							en eutopsy	24b. We	re autopsy findings illeble prior to
ပ္မ	S & S	ple								con	npletion of cause leeth?
æ	Tha law ate has b page 2 s	Completed						10	Yes 27 No	1 🗆	Yes 25 No
ita		Bec	25. Was case reterred to medical				26. Place of Deat	h (Check only	one)		
of Vital	0 0	To	examiner?	Hospitel:	ent 2 ER/Outpati	ent 3 DOA	Other: 4 Nursing Ho	me 5□Resi	dence 8 □Oth	er (Specify)
0	ng Ph tar th naral		27. Mennar of Death 1 Natural 5 ☐ Pending	28a. Deta of tnju (Month, Da	ry 28b. Time		ury et ork?	28d. Describe	how injury occur	red	
Ö	Attending in death.	atic	2 ☐ Accident Investigat	ion	,		☐ Yes 2 ☐ No				
Division	or Attandi aftar death. Director: A I in by tha f	Certification:	3 Suicide 6 Could not determine	28e. Pleca of fnj building, et	ury - At home, ferm, sc. (Specify)	street, tectory, offic	a	28f. Location (City or To	Street and Numi wn, State)	per or Rural	Route Number,
	ital o	S									
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical	29a. Certifier # Certifying Check only one Medical Ex	Physician: To the best of aminer: On the basis of end menner sto	examination and/or	ath occurred at the investigation, in my	time, date end place, opinion, death occur	end due to the red et the time,	cause(s) end madate end place,	annar es ste end due to	ated. the cause(s)
	withii To th	Σ	29b. Signeture and title of certitier	MI an	0		nse number		29d. Date signe		Dey, Year)
			Rione	1 Ocorn	12		31761		6/3	196	
			30. Neme and eddress of person wh	o completed cause of d	eeth (Item 23a) (Type	e, Print) SE	VENTH ST	FRA	ERICH	- 1	11 21701
	-		31. Date tiled (Month, Day, Year)				-77 47 /	1			.5 ,0/
	Sta Registi		JUL 0.3 1	996	ar's Signature	class.					



State of Maryland / Department of Health and Mental Hygiene

20613

						Ce	rtificate	of	Death			Reg. No.			
П	5 4 11		1. Decedant's Nama (First, Middla,	Last)							2. Data of D	aath	V	3. Time of Deeth	
	Physici /Medi		MICHAEL BO	YD		HOLCOM.	В				June	Day 24	1996	9:20 AM	
	Examir		4a. Facility Nama (If not institution, s Memorial Hospit			enter				own, or Lo aberl	cation of Dea		County of Deeth		
	Funeral Director		214-36-6819	Sax 1XXM 2□ F	7. Aga (In yrs. 56	last birthday) Yrs.	If Undar 1 Months	Year Days		Min.	8. Dete of B (Month, D JAN 20	ley, Year)	9. Birth Cou MARYI	pleca (State or Foreign ntry) LAND	
	and		Usuai Rasidanca of Decedent 10a. Stete 10b. County		10c. Ci	tv. Town or Lo	ocation							10d. Inside City Limits	
	Maryl	ō	MARYLAND ALLE	GANY	C	UMBERL	AND							1□Yes 2□No	
	r 28e	Director	10e. Street and Number				10f. Zip C	oda				10g. Citiz	an of What Cou		
	th wit	alD	223 PEAR STREE	ľ			21	502	2			U.S.	Α.		
)20	d within 72 hours effer deeth with the Maryland jiene. I than "natural", or items 23a or 28a-f show the Madical Examiner must be notified at	by Funeral	11. Maritai Status 1 □ Nevar Married 2 ☑ Married 3 □ Widowed 4 □ Divorcad	Armed F	2FNo		Was Deceder If Yas, specify 1 ☐ Yes 24				ecify Yes or N Rican, atc.)		4. Race - Amari Black, Whita, Specify: WH		
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			Otate of Maryla		ificate of L		wentai ny	Reg. No.	6 2061
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Physic /Medi		David	Ear1	JE	ENKINS		June	23, 19	96 1:15
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9 9		5838 Woodville Roa	be		217	771		10g. Citizan of W United	
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F F	F	1 Naver Married 2 Married	Armed Forces? 1 ☐ Yas 2 ☑ Xio	If Y	as, specify Cube	ispanic Origin? (S n, Maxican, Puar	to Rican, atc.)	Black	k, Whita, atc.
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. 0 5	Be	17. Fathar's Nama (First, Middle, Last)	olodon — Con			18. Mother's Ner	me (First, Middle	, Meiden Surnam	e)
marked o	To	Joseph Eugene Jer	Kins, Sr.			Barbara	a Ann Wh	niston	
		19a. Informant's Name/Ralationship (T	ype, Print)					er, City or Town,	
		Teresa Jenkins		5838				Airy, Md	
Department of riea important: If Item 2 any injury or other once.		20a. Mathod of Disposition 20a. Mathod of Disposition 2 □ Cramation 3 □ I	9emoval from State	Plece of Disposit cematary, creme	ion (Name of tory or othar plec) June 2	9, ^D 1996	20c. Location -	City or Town, State
ant:		4 □ Donation 5 □ Other (Specify,		surrecti		*		Clinton,	,Maryland
import any in		21. Signature of Funeral Service Licens	m /						Inc 6633 Ol
2 = 9 9		14444	took	Ale	exandria	Ferry R	d, Clini	con, Mary	land 20735
ysician		23a. Part1. Enter the disease, or comp shock, or heart failure. List only o	lications thet caused the deana causa on each line.	ath. Do not antar	the mode of dying	g, such as cardia	c or raspiratory a	rrast,	Approximata Interval Betw Onset and De
Medicai raminer		Immediata Causa (Final disaasa or condition rasulting in daath)	. Multiple	Traumati	c Injuri	ies			Minute
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and al-tra	Examiner	Sequentially list conditions, if eny, leeding to immadiata causa. Entar Underlying	Due to	(or es e conseque	ence of):				
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stor: After	atio	1 □Natural 5 □ Panding 2 ■Accident invastigation	Jun 23, 199	6 12:44p	M 1 1	Yas 2 🔯 No	Subject	Struck	by Vehicle
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- D	ert	4 Homicida	Street	ify)			Woodvi	Tie & Mai	ttie Haines
/ fille	edicai ((Check only 2 Medical Exam)	sician: To the best of my kn	owledga, daath o	ccurrad at tha tim	na, data and place	and dua to tha	Airy, Ma cause(s) and man data and place, a	nnar as stated
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within 24 hours effer dearn. To the Funeral Director: After the completely filled in by the funeral	-				131102	373 /		. IIIne	23, 1996
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To the Fu		30. Name and addrass of person who con Robert R.R. Robert 31. Date filed (Month, Pay, Year) 73.	ts. M.D., 75	01-B McK	int)		rick, Ma		



State of Maryland / Department of Health and Mental Hygiene

						Certificate d	of Death		Reg. No.	0 6	20013
	Physic	an	1. Decedent's Nema (First, Middle, Las	1)					2. Dete of Death Month Dey Yeer		
	/Medi		Edward F. K	ane, Jr.				July	Dey 4 1	996	1:24AM
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			Anne Arundel M				Annapol		Anne	Arun	de1
	Funeral Director		5. Sociel Security Number 6. Se 11 216-16-8392 Usuel Residence of Decedent	X 2 F 7. Ag	ge (In yrs. lest I	oirthday) If Under 1 Your Months De	ear If Under 24 Hrs. eys Hours Min.	(Month, De	th y, Year) 30 1925		ce (Stete or Foreign y) ryland
	yland		10a. Stata 10b. County		10c. City, To	wn or Location				100	d. Inside City Limits
	Mar	to	MD Queen An	ne	,	Stevensvill	e				1 ☐ Yas 2 💆 No
	th the	Director	10e. Street end Number			10f. Zip Coo			10g. Citizen of V	Vhet Country	y?
	23a d		817 Cloversfield	Drive		2	1666		United	Stat	es
Maryland 21215-0020	be filed within 72 hours after death with the Maryland nat Hygiene. d other than "natural", or items 23a or 28a-f ahow event, the Modical Examiner must be incitied at	by Funeral	11. Maritel Status 1 □ Nevar Married 2 ☒ Married 3 □ Widowed 4 □ Divorced	12. Was Dacedent Armed Forcas? 1 XYas 2 If Yes, Give Yeer or Detes:		13. Was Decadent If Yas, specify (of Hispanic Origin? (St Cuban, Mexican, Puarto No Specify:	pacify Yes or No Rican, atc.)	- 14. Raci Blec Specify	a - American k, White, at	c.
2-0	72 ho	ted	15. Decedant's Ed	ucation		a. Decedent's Usuel Oc	cupetion		16b. Kind of Bu		
21	within 7 ena. than *n	nple	(Specify only highest grad	College (1-4or	5+)	life. DO NOT use re	one during most of work stired)	king			
2	Hygien Hygien ther th	Completed	12			Secretary	7		Civ	il Se	rvice
ng	should be filed vind Mantal Hygie I marked other turnstic event, to	Be	17. Father's Name (First, Middla, Last)				18. Mother's Nam	and the second		a)	
3	should be ind Mantal imarked o	P	Edward F. Kane,					Flora Bi			
Ma			19a. Informent's Neme/Relationship (T		15	b. Meiling Address (Str					
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Baltimore,	igas if ite or of		t ☐ Buriel 2 ☐ Cremation 3 ☐ I	Removel from State	cemet	ery, cremetory or other	plece)		20c. Location -		
	t. Partmar tant:		4 □ Donetion 5 □ Other (Specify,		71110	erest Memor			_		
Ba	permit. Pagas 1 and 2 Department of Health a Important: If item 27 is any injury or other tra 20156.	(2) Signeture of Funeral Sarvice Licens	for the		147 Duke	of Glouce	n M. Tay ster St.	lor Fun Annapo	eral l	Home, Inc MD 21401
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	be #is	Examiner		10	MONT	MY A	NTENY	DIS	ENSE		
	and Ftran	xarr	Sequentially list conditions,		Due to (or es			1			
68760,	death certificate be axecuted e attending physician and of for use as the bunel-transit	a m	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	C							
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Division of Vital	al or Atte	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Inj building, et	ury - At home, c. (Specify)	ferm, street, fectory, offi	ice	28f. Location (S City or Tox	Street and Numbern, Stete)	er or Rural F	Poute Number,
	To the Hospital or Attending Physician: The law within 24 burus after death. To the Funeral Director: After this cartificate has completely filled in by the funeral director, page 2	edical	29a. Certifier (Check only one)	sician: To the best ner: On the basis of end menner str	r axaminetion e	ge, death occurred at the nd/or investigetion, in m	e time, date end pleca, ny opinion, death occur	end due to the red et the time,	cause(s) end ma dete and plece, e	nner es stet and due to th	ed. he cause(s)
	To the To the Comp	X	29b. Signature end title of certifier	. 11		29c. Lic	ense number		29d. Dete signed	Month, De	ay, Year)
\			Hertel &	fellion	nu	7-/	1261	5	2141	9/0	
		ŀ	30. Name and address of person who co	empleted cause of d	leath (Item 23a	(Type, Print)			111	VU	
			Hector K. Colli		The		at Annanci	ie MD	21401 (/	110-26	3-0799)
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registr	er's Signeture	MEST DELEG	-r vimahor	اللا وقعا	ETATAT 7.	110 40	VIJI

Likia Davidson

JUL 0 5 1996

State

Registrar

SELECTION AND ADDRESS.

State of Maryland / Department of Health and Mental Hygiene 20616

						Cei	rtificate	of .	Death		Re	eg. No.	~		. 0
	Dhusi	io-	1. Decedant's Nama (First, Middla, I	ast)						2	. Data of Deat		Yaar	3. Tima of	Death
	Physic /Medi			axter Lem	4						June		796	5:11	pm
	Exami		4a. Facility Nama (If not institution, g	iva street and number)					4b. City, To	wn, or Loca	tion of Death	4c. County	of Death		
			SHADY GROVE A	DVENTIST	HOSPIT	AL		1	ROCKI	VILLE		MONTO	OME	RY	
	Funeral Director		5. Social Sacurity Number 6. 240-09-6640	Sax 7. Ag 1⊠ M 2□ F	ga (In yrs. last bir 81	thday) Yrs.	If Undar 1 Months	Yaar Days	If Undar Hours	Min.	Data of Birth (Month, Day, anuary	Year) 3,1915	9. Birthi Cou	oiaca (Stata o otry) Caroli	r Foraign na
	P .		Usual Rasidance of Dacedant 10a. Stata 10b. County		100 Oh. Tour	1 -									
	Ba-f ehov	Director	Maryland Montgo	mery	Dama						10d. Insida City Lin 1 ☐ Yas 2☐				
	23a or 2	al Dire	10e. Street and Number 9113 Gue Road				10f. Zip Co	oda)87	2		10	Og. Citizen of V Ameri		ntry?	
21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Hyglena. Important: if item 27 is marked other than "natural", or itema 23a or 28a-f show important: if item 27 is marked other than "natural", or itema 23a or 28a-f show hiptry or other treumatic event, the Medical Example must be notified at anota.	by Funeral	11. Marital Status 1 ☐ Nevar Married 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedant Armed Forcas? 1 X Yas 2 If Yas, Giva Yaar or Datas:			Was Decedan f Yas, specify I□Yas 2₺		lispanic Ori an, Maxican Specify:		y Yas or No- can, atc.)		k, Whita,	can Indian, atc. Vhite	
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ğ	d off	Be	17. Fathar's Nama (First, Middla, Las	st)					18. Motha	ar's Nama (F	First, Middle, N	Aaiden Sumam	a)		
Z	ould be Mental arked o	To	Noah Calvin Lem	-					Da	aisy (Graham				
Maryland	2 short and list me		19a. Informant's Name/Ralationship									, City or Town,		Coda)	
	Haelth Haelth Jem 27		Hilda B. Lemly	- Wife								land 20			
Baltimore,	Pagas nant of h ant: If Ite		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spec		20b. Place of cematar							20c. Location - 6 Kempt	100		and
Balt	permit. F Departmi Importan any Injur		21. Signature of Funeral Service Lice	//	7/	01	Nama and A	Ma	1	and to	P.A.,	Funeral	Hom	e	
1000	Physician /Medical Examiner	er	23a. Part1. Entar tha disease, or co shock, or haart fallura. List onl Immediate Causa (Final disease or condition rasulting in death)	mplications that caused y one cause on each il	Dua to or as a		/		Anna	/	aspiratory arre	est,		Approximate Interval Beh Onset and D	a ween
ox 68760,	eath certificate be axecuted attanding physician end for usa as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaasa or Injury that initiated evants rasulting in death) Last	c. Pro	Dua to (or as a c	SIV	ER	E	Spir	nton	y Di	3 Ens	<u> </u>	MON.	4115 4125
P.O. B	the d	Physician	Part II. Other significant conditions		_	tha ur	ndarlying caus	sa giv	an in Part I		23b. Did to	bacco uss cor		the cause o	
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Ita	ysician: The I is cartificata he director, paga	Be (25. Was casa rafarred to medical axaminar?						26. Place	of Death (Check only on	е)			
>		2	1 Yas 2 No	Hospital: 1 Inpatie	ant 2 ER/Ou	tpatien	t 3□ DOA	Oth	ar: 4□ Nu	irsing Homa	5 □ Rasida	ince 8 🗆 Othi	ar (Specil	(y)	
	at a		27. Mannar of Daath 1 A Natural 5 ☐ Panding 2 ☐ Accident investigati	28a. Data of Inju (Month, Da		lima of njury									
DIVIS	of or Atte	Certification:	3 ☐ Suicida 6 ☐ Could not datarmine	Zoa. Place of Inj	ury - At homa, fa c. (Spacify)	rm, stra	aat, factory, o	ffice		28f	Location (Sti City or Town	reet and Numb o, Stata)	er or Run	al Routa Num	ber,
	To the Hospital or Attendl within 24 hours eftar death. To the Funeral Director: A completely filled in by tha fi	edical C	29a. Certifiar (Check only one) Certifying P	thysician: To the best of the basis of and mannar str	f axamination and	, daath d/or Inv	occurred at transfer at transf	ha tin my o	na, data an pinion, daai	d placa, and th occurred	dua to tha ca at tha tima, da	usa(s) and ma ata and piace, a	nnar as s and dua t	tated. o tha causa(s)
	vithin To the	Me	29b. Signatura and titia of certifiar				29c. L	icans	a number		25	9d. Data signed	(Month,	Day, Year)	
	F > F 0		Harry M.	Langston	Mass		1	1	794	17		JUNE	23	199	96
			30. Nama and address of person who	0				1 /	lanta	n Dud-					
			Gary M. Lai	igston, M. I	J. 99	UL.	riedica	1	reure:	r Driv	e, noc	kville	PIQ.	20050	,

Registrar

(Month, Day, Year)

32. Registrar's Signatura

JUN 2 7 1996

July Dawilson Research

			5	tate of Ma		/ Depa		Health and f Death			6 20617
y	Physici /Medic Examir	al	Decedant's Name (First, Middla, Last) RAYMOND JOSEPH As Fecility Neme (If not institution, give stree Washington Court	et and number)	n: L-	1		4b. City, Town, or		Day th 4c. County	
	Funeral Director		5. Social Sacurity Number 6. Sex			st birthday) Yrs.	If Undar 1 Yae Months Dey		8. Data of Bi (Month, Di	rth ay, Year)	hington 9. Birthplaca (Stata or Foraign Country) D. C. Washington
	vith the Maryland or 28a-f ahow	Direc	10a. Stata 10b. County Maryland Freder 10e. Street and Number		10c. City, Town or Location CK Myersville 10f. Zlp Coda					10g. Citizan of V	10d. Insida City Limits 1 □ Yes 2 1 No Whet Country?
020	a within 72 hours efter deeth with the Maryland jiene. r than "natural", or items 23a or 28a-f ahow the Medical Examiner must be notified at	by Funer	2127 A Monument 11. Maritel Status 1 Navar Married 2 Married 3 Widowed 4 Divorced	Rd. Was Decedent Ev Armed Forcas? 1 Yas 2 No If Yas, Give Yeer or Datas:		If	2177 /as Decedant of Yes, specify Cu	Hispenic Origin? (Suban, Maxican, Puer	Specify Yes or No to Rican, etc.)	U . S . 14. Rec Bled Specify	a - American Indian, ck, Whita, etc.
nore, Maryland 21215-0020	d within jiene. r than "	Completed	12	on <i>mplated)</i> College (1-4or 5+		(Giva k	O NOT use reti	a during most of wo	Elect Utili	ties	
	is 1 end 2 should be of Haalth and Mental Itam 27 le marked o other traumatic eve	To Be	19a. Informant's Name/Ralationship (Typa, Eva Lynch/Wife 20a. Mathod of Disposition 1 Buriel 2 □ Crametion 3 □ Rem		18. Mother's Name Katheri 19b. Malling Addrass (Street and Number or Rural 2127 A Monument Rd. 20b. Pleca of Disposition (Nama of cemetary, cremetory or other plece) Monocacy Cemetery 6				rine Ba ural Routa Numb d. My e	Stata, Zip Code) e. Md. 21773 City or Town, Steta	
The grade 21. Signature of Funeral Gervice Usernes 22								ress of Facility uneral I	ville,	Marv1a	ville, Md. nd 20838 Approximate Interval Between Onset and Death
Box 68760,	be detached for use es the burdar-transit	nr/Medical Examiner	Immediata Causa (Finel disease or condition rasulting In death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initieted evants resulting In death) Lest d	Ante v	nfavol ua to (or e		mugh (An A	rechanical		trin	20 minutes 5 days or lon
P.O.	aw requires been so 2 should	Completed by Physician/Med	Part II. Other significant conditions contrib intermittent atrial fibrille Chimic renal failure/insul	-			darlying causa	given in Pert I.	24e. Wes	Yes 2 No	artibute to the cause of death? 3 Probably 4 Unknown 24b. Wera autopsy findings svallable prior to complation of cause of death?
Division of Vital Records,	Attending Physician: or death. ector: After this certific by the funerel director.	Certification: To Be Co	1 Natural 5 Panding 2 Accidant invastigation	1 2 Sinpatiant 18e. Data of Injury (Month, Day 1	Year) 2 y - At hom	R/Outpatient 8b. Tima of Injury	28c. In W	Other: 4 Nursing (jury et ork? 1 Yes 2 No	eth (Check only Homa 5 - Ras 28d. Dascribe	Idance 6 □Oth how Injury occur (Street and Numb	
Ö	To the Hospital or within 24 hours after To the Funeral Direction completely filled in	edical	29a. Certifiar (Check only one) 1 Certifying Physicia Certifying Physician Check only one)	building, atc. on: To the best of on On the basis of eand mannar state	my knowle	edge, daeth n and/or inve	occurrad at tha estigetion, in my	time, data end plac opinion, daath occ	e, and dua to tha	causa(s) and ma date end placa,	annar as stetad. and dua to tha cause(s)
	To To	M	29b. Signeture end title of cartifiar SCOUTH Hamilton, IL 30. Nama end addrass of person who complete	ated causa of dee	oth (Itam 2	3a) (Type, P	rint) Dr.	scott H	[amilto	6/21/96	d (Month, Dey, Year)
			Scotty unniltm, wid	354 Mil	L1 S	t. F	lagers	town, Mc	217	40	

32. Registrar's Signatura

Registrar DHMH 16 Rev 6/95

State

State of Maryland / Department of Health and Mental Hygiene

iene 96

						C	ertificate of	Death		R						
	Dharaia		1. Decedant's Nema (First, Middle), Last)					-	2. Date of Dear Month		Vana	3. Tima of Death			
	Physic /Medi		CHARLES	HER	BER	T	LUNDREGAN			JUNE	20.	Yaar L996	9:05 am			
e.	Exami		4a. Facility Nama (If not institution	, give street and nu	umber)			4b. City, To	wn, or L	ocation of Deeth	4c. County		, , , , , , , , , , , , , , , , , , , ,			
			Frederick N	emorial 1	Hos	oital		Fn	odor	rick	I	rede	rich			
	Funeral		5. Social Security Number	6. Sax	_	a (In yrs. last birthde	y) If Undar 1 Yea	r If Under	24 Hrs.	8. Dete of Birth (Month, Day	1		placa (Stata or Foreign			
	Director		216-22-0424	1⊠M 2□ F	J .	69 Yrs.	Months Deys	Hours	Min.	Sept. 4	1926	Mak	sachusetts			
	ъ		Usual Rasidance of Decedent							50,500	, 1720	1110052	rucrus e cos			
	ylen		10a. Stata 10b. County			10c. City, Town or	Location					1	Od. Inside City Limits			
	Mer	Ş	Maryland Fred	lerick		Frede	rick						X□Yes 2□No			
	r 28	Director	10e. Street and Number				10f. Zip Coda			1	0g. Citizan of	What Cour	itry?			
	3a o	0	120 Willowdale	Drive	Ap.	t. 12	217	702		United States						
	ins 2	Funeral	11. Maritel Stetus	12. Wes Dec	cedant	Evar in U.S. 1			ain? (Sr							
0	fler free	Ē	1 ☐ Navar Married 2 ☐ Marr	Armed F	orcas?	No	Was Decedant of If Yes, specify Cul	ban, Maxicar	i, Puerto	Ricen, etc.)		ck, Whita,				
215-0020	within 72 hours efter deeth with the Meryland one. than "natural, or items 23a or 28a-f show he Medical Exeminer must be incurred at	by	3 ☐ Widowed 4 ☐ NDivorced	If Yas, G	ive	WWII	1□ Yas 21 No	Specify:			Specif	v. Wh	ite			
9	"natural",	8	15. Decedan	's Education		16a. De	cedent's Usual Occu	pation			16b. Kind of B	usinass/In-	dustry			
218	n n	Completed	(Specify only highas	T		(Gi	va kind of work done . DO NOT usa retin	during mos ed)	t of worl	king						
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Maryland	Mentel Mentel arked o	To B	Harold Lundre	aan				M	adol	cine Mai	tti					
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ē,	一工星長		Cimberly Ann Str 20a. Mathod of Disposition	reklana,	au	20b. Placa of Dis	position (Nama of	e Sir	eei	MCCONN (20c. Location	G PA	1/233			
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Baltimore,	T SHEET		4 □ Donation 5 □ Other (S)	Today and a second	20.	Hagersto	own Creman	tory	6	/21/96	Hagers	town,	Maryland			
Ba	Dept May I		21. Signature of Euneral Service	Joensee /	7		22. Neme and Addr	ass of Facilit	ySta	uffer Fi	ineral	Homes				
	20260		1 Same	V. ()	a-	e	621 Oposs	umtow	n Pi	ke Fred	lerick,	MD	21702			
			23a. Part V Enter the disease of shook, or heart felium. List	complications that	causac each-ff	the deeth. Do not o	enter the mode of dy	ing, such as	cerdiac	or raspiratory arm	ast,		Approximata Intarval Between			
V	Physician		' /										Onsat and Death			
A	/Medical		Immediata Causa (Final diseasa or condition		-1	20100	ansi.	Z	7/1-	2/2		35	27 hors			
в	Examiner		rasulting in death)			Dua to (or as a cons	sequence of):		2/2	361	CA	781				
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	oute or ransi	Examiner	Immediate Causa (Final diseasa or condition rasulting in daath) Dua to (or as a consequence of): Dua to (or as a consequence of): Dua to (or as a consequence of): Due to (or es e consequence of):										2			
Ó	sertificete be executed ding physician end se es the buriel-transit		Sequantially list conditions, if eny, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated avents	1		· ·	,				,					
68760	ysici ne bu	Medical	Cause (Disease or Injury that initiated avents	C. ———		Dua to (or es e cons	e consequance of):									
	g ph	Pe	resulting in death) Last													
XO	0 2 2			d												
0	death of	Physiciar	Part II. Other significent conditio	ne contributing to d	loath h	ut not regulting in the	underlying cause a	iven in Bert I		22h Did to	hacco uca co	medbuda t	the cause of death?			
Ö	ach the	hys	art II. Other algumeent conditio	is contributing to d	ioatii D	at not resulting in the	undanying causa g	won in Part I								
0	the go	by P								154	es 2 No	3 Pro	bably 4 Unknown			
Sp.	requires wen sign hould be									24a. Was e	n autonsv	24b. W	ere eutopsy findings			
Ö	v requir been s should	ete								perform		ev.	ailabla prior to mplation of ceuse			
Records,	\$ 00 CI	Completed										of	death?			
=	E se	S								1 □ Ya	as 2800	10	Yes 2□ No			
Viita	ician: T certifica rector, p	Be	25. Was casa rafarred to medical examiner?					26. Placa	of Dea	th (Check only on	6)					
5	S 50	2	1 ☐ Yas 2 ☑ No	Hospitel: 1	Inpatia	nt 2 ER/Outpat	ient 3 DOA	ther: 4□Nu	ırsing Ho	oma 5 Rasida	nca 6 Oth	nar (Specif	y)			
		Ë	27 Manner of Death	28a. Date	of fnju	ry 28b. Time	of 28c. Inju	ury at		28d. Dascribe ho	w injury occur	red				
Division	Attending r deeth.	atic	2 Accident invastig		. , ,	,,,		Yas 2	No							
N	Atte ecto by th	Certification:	3 ☐ Suicida 6 ☐ Could r 4 ☐ Homlcida detarmi	ned Zoa. Place	e of Inj	ury - At homa, farm,	straat, factory, offica	ı		28f. Location (St City or Town	reet and Numi	per or Rura	I Routa Number,			
$\bar{\Box}$	S S S S S S S S S S S S S S S S S S S	Cer	4 El Formolog	build	ing, au	c. (Specify)			ĺ	Ony or rown	i, Siale/					
	To the Hospital or Attendi within 24 hours efter deeth. To the Funeral Director: A completely filled in by the fu		29a. Certifier Certifying	Physician: To the	best	of my knowledge, de	ath occurred at tha t	ima, data an	d place,	and dua to tha ca	ausa(s) and ma	annar as s	leted.			
	n 24 n 24 ne Fu	edicai	(Check only 2 Medical I	xeminer: On tha b and man	nar st	axamination and/or ited.	Invastigation, in my	opinion, daa	th occur	red at tha tima, d	ata and place,	and dua to	the causa(s)			
	To the To the Comp	Σ	29b. Signature end titla of certifier				29c. Licen	sa number		2	9d. Date signe	d (Month,	Day, Year)			
			1.57	> :00	150	7001	1)	217-	73	2 1	4/20	KX	-			
		1	30. Nama and addrass of person v	who completed only	sa of	eath (item 22a) (Ti-	e Print		1			10				
			D. Marina and address of person ("In winipiated caus)]	outh (norm 238) (1yp	J 7 11 6	1.	۸	- I	1 .	1 1.	1/1 0:30			
	- 01		31. Data filed (Month Day Year)	30 1	Registr	ar's Signature	1011 N	ouse	AV	e. Tre	deric	K) VI	MD 21701			
	Sta Registr		31. Data filed (Month, Day, Year)	1996	J'a	ar's Signatura Therein Re	.7.									
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BALTIMORE, MARYLAND 21215-0020

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND) / DEPARTM	ENT OF H	EALTH AND I	MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)		<u> </u>	TIL OI	DEATH	2. DATE OF DEATN		3. TIME OF DEATN	
	Therese Imelda I	lainia				_ MONTH DA	YOO YEAR	J. TIME OF BEATR	13
		SEX 6. AGE (In yrs.	(ant hirthday) #	UNDER 1 YEAR	IF UNDER 24 HRS.	June 20	1996	1.00	
			tens	THS DAYS	MOURE MIN	(Month, Day, Year)	Count	NPLACE (State or Foreign (TV)	n
- 1	006-22-3661	□ M 2√√ 6	9 ms.				926 Mai		
~ l	St. Catherine 1	Nunsing Ce	nton		R LOCATION OF DE	EATN	9c. COUNTY OF D		
DIRECTOR		manachy ce	recen (Emitt	sburg		Frede	rick	
ပ္မ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		100 CITY TO	OWN OR LOCAT	1011				
<u> </u>		1						10d. INSIDE CITY LIMITS?	
ا 2	Mary Land Frede	2RLCR	Dri	unswi				1 X YES 2 NO	
<u>₹</u>					ZIP CODE		tog. CITIZEN OF 1	WHAT COUNTRY?	
FUNERAL	222 Tamarack Wo	24			21716		USA		
<u> </u>		2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	ARMED			IIC ORIGIN? (Specify Yee n, Puerto Ricen, etc.)	or No- 14. RACI	E — Americen Indian, k, White, atc.	
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES	***	I TES			Spec	Mr.	
								White	
	15. DECEDENT'S EDUCATI (Specify only highest grade com	iON 16e.	DECEDENT'S USU (Give kind of work	done during mos	N. It of working	16b. KIND OF BUS	INESS/INDUSTRY		
E	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ilfe. Do NOT use ret	ired.)					
<u>8</u>	12		Housew	ile		Homem	aken		
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Malden	Sumeme)		
BE (Joseph Simon Bo	ouchard			Bernad	ette R. 1	Boudnea	"	
0 8	19e. INFORMANT'S NAME (Type/Print)		196. MAILING ADD	RESS (Street at		Route Number, City or Town			\neg
۲Į	Celeste Tyndals	L I	113 A	dams (ount.	Walkensv	:110. M	1 2/793	
ĺ	20e. METNOD OF DISPOSITION	20h Pl A0	CEAND DATE OF DI				CATION — City or To		\dashv
i	M Buriel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	trom State cometery,	creanatory or other f	place)	+	1	tersvil		- 1
	21. SIGNATURE OF FUNERAL SERVICE LICENS		riang /	22 NAME AN	D APPRESS OF FA	0/27 1 /e	LERAVLL	LE III	-
Ì	Barbara A	L. Willia	nr.	John	7. Wil	Liams Fu	neral H	ome	
	Banbara A. Wi	illiams, Own	ne.r	100 9	etersv	ille Rd	Brursw	ick MD 2	?/7/
	23. PART i. Enter the diseases, or com	plications that caused the	death. Do not e	enter the mod	le of dying, sucl	h as cardiac or respin	ratory arrest,	Approximate	\neg
	ahock, or heart fellure. List IMMEDIATE CAUSE (Finel	only one cause on sech li	ina.			0		interval Batwo	
ı	disease or condition	Rilateral	Asa	11 00	- 1	/	7	1 0 i -l	,
ł	resulting in death) a.	DUE TO JOB AS A CON	SECRETICE OF	may	1021	meun	ouia	11900	4
_	_ <	2026	a constant	1001	τ.	10 5) 0	1 8-04	2
RTIFICATION	Sequentielly list conditions, b	DUE TO (DR AS A COM	SHOWING OF	166	ucul	us p	Bea	Section	2
F I	if any, leeding to immediate ceuse. Enter UNDERLYING	7	PERSON OF J. 1			,			
2	CAUSE (Disease or injury	DUE TO (OR AS A CONS	PEQUENCE OF						_
	that initieted events resulting in deeth) LAST	DUE TO (OR AS A COM:	SECUENCE OF):						_ [
CER	d								
AL O	PART II. Other aignificant conditions po	ontributing to death but no	ot resulting in th	e underiving	ceuse given in	Part i, 24e, WAS AN	AUTOPSY 24h	. WERE AUTOPSY FINDIN	igs
	And It + al	400000	3 ant		7.011	PERFOR	MED?	AVAILABLE PRIOR TO	
MEDIC	Black	voluce (103/1	OIL	res , c	1 TES 2	NHO	OF DEATH?	E
Σ	predans	- Make	lance					t 🗌 YES 2 🗌 NO	
HYSICIAN:	DID TOBACCO USE CONTRIB			_ 00 □	UNCERTAIN	1 🗆 📗			
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PL OSPITAL:	ACE OF DEATH (C	heck only one)					
2		☐ Inpatient 2 ☐ ER/Outpatient			5 - Residence	8 Other (Specify)			
E	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJL	RY AT	28d. DESCRIBE HOW IN	JURY OCCURED	=	
	1 Natural 5 Pending 2 Accident Investigation	(3.5.5.4, 5.5), (5.5.7)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ES 2 NO				
2	3 Suicide 6 Could not be	28e. PLACE OF INJURY - At	home, ferm, street	, tectory, office		28t. LOCATION (Street at	nd Number or Rural F	Route Number,	\dashv
MPLEIED	4 Homicide determined	building, etc. (Specify)				City or Town, State)			
<u>"</u>	29e. CERTIFIER				C	Control of the			-
E	(Check only	N: To the best of my knowledge,	desth occurred at	the time, date	and place, end due	to the ceuse(e) end man	ner ee stated.		
3	Z MEDICAL EXAMINER: 0	On the beele of examination and/	or investigation, in	my opinion, de	ath occured at the	time, date end place, end	due to the ceuse(s	a) and manner ea sisted	s.
	296 SIGNATURE AND TITLE OF CERTIFIER		0	100	29c. LICENSE NUN	BER	29d. DATE SIGNED	(Month, Day, Year)	\dashv
	Donita () K)	renas 1-	for t	78,	HILL	037	100	12,150	,
=	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (I	TEM 27) (Type, Print	")	77	3/0	Trans	1 1/10	
	BONITHA O. 100	251125 1	- Pa 1	DA DI	PM.	2	6/	100	-
	31. DATE FILED (YEAR) PODOGY 1000	32. REGISTRAN'S AIGHMURE JAVA CHAVELED		1100		111111	ppa	A IM	4
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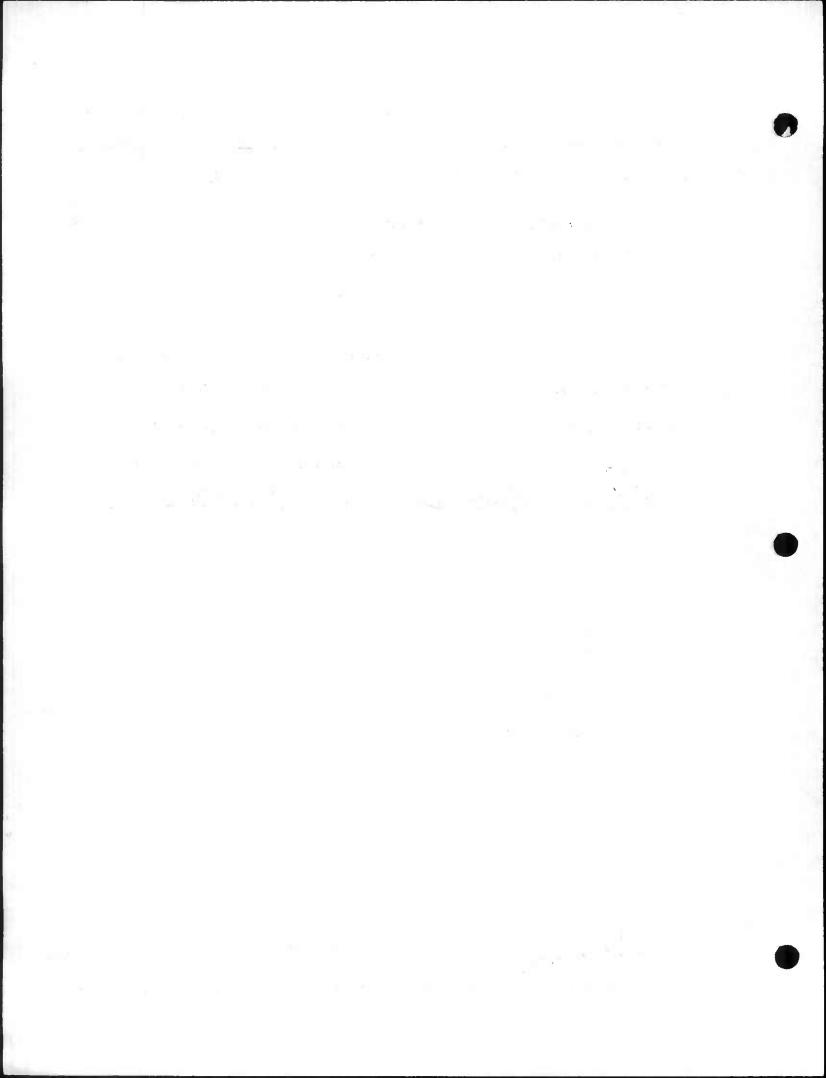
State of Maryland / Department of Health and Mental Hygiene 96 20620

						rtificate	UI.	Dealli			Reg.	No.			
ian	1. Decedant's Nama (First, Middle, Last) 2. Data of Death Month Day Ya													3. Tim	na of Death
	THELMA				LEWIS	5				JUNE	23	199		12:	45 PM
	All the second s							4b. City, To	wn, or Lo	cation of Deal	th	4c. County	of Death		
	MEMORIAL HOSP	ITAL	& MED	ICAL C	ENTER								GANY		
	5. Social Security Number	6. Sax	M XIE					If Undar Hours	24 Hrs. Min.	8. Data of Bi	rth ax, Ye	ac)	9. Birthp	olaca (State)	ata or Forai
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	No. of the contract of the con			RC						06/26	T	nomas	, WV		
	21. Signature of Funeral Service Uperisee 22. Nama and Address of Facility Scarpelli F.H. for Jeffrey Barb FH														
	- yuchou	20 1	AA	andol	14										
	23a. Part 1. Entar tha disaasa, shock, or haart failura. L	or complic	ations that o	aused the da	ath. Do not an	tar tha moda	of dyin	ng, such as	cardiac o	or raspiratory a	rrest,		1	Approx	rimata I Between
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	Immediata Causa (Final disags or condition Pneumonia											1	5 days		
ы	rasulting In death) Dua to (or as a consequence of):													E do	
lne lne		- 5	Pan	cytope	nia								5 days		
каш	Sequentially list conditions,			Dua to	(or as a consa	quanca of):							1		
	causa. Entar Underlying Cause (Disease or injury	J.	Lymphoma										1	8 mo	s.
dice	Cause (Disease or injury that Initiated avants rasulting In death) Last Due to (or as a consequence of):														
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State of Maryland / Department of Health and Mental Hygiene

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$\frac{1}{2}$	after of Direct of In by	ŧ	4 ☐ Homicide	determine	286. Pleci	a of Injury - At ling, atc. <i>(Spe</i>	home, ferm, cify)	street, fe	ctory, offi	ica		1	28f. Location (City or To	(Street an wn, Stete))	or Hural F	loute Nu	mber,
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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020	72 hours after death with the Marylar "natural", or thems 23e or 28e-f show tidical Examiner must be notified at	by Funeral	11. Marital Status 1 □ Never Married 2\(\tilde{\t		12. Wes Dec Armed F 1 Tes If Yes, G Year or	Forces? 2A No Sive	ver in U,S.				Hispanic Origon, Mexican Specify:	gin? (Sp , Puerto	ecify Yes or N Rican, etc.)	o- 14. Rece - American Indi Bleck, White, etc. Specify: Whit			etc.	
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Baltimore,	80 = 6		20e. Method of Disposition 1 Buriel 2 Cremeti 4 Donetion 5 Othe			n State	20b. Pleca camet	of Dispos ery, crem	sition (Ner netory or o	me of other ple		1	Dete 07/01	20c	Location -	City or Too	wn, Ste	ete
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ox 68760,	certificate be executed use es the buriel-transit	VMedical Examiner	Due to (or es e consequence of): b. Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying													ne	Year	
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S, P.O.	v requires that the death been signed by the atte should be detached for	by Ph	Acute Gast	roen	testin	al B	leedin	g					1	Yee	2□ No	3 Prob	ably	1 Unknown
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>	5 00 0	To	examiner? 1 ☐ Yes 2 No	1	Hospitel: 1 (2	Inpatient	2 🗆 ER/O	utpatient	3 DC	OA Ot	her: 4 🗆 Nu	rsing Ho	me 5 Res	idence	6 □Oth	er (Specify	1)	
0	9 Physer this seral di		27. Manner of Deeth	- week	28e. Date	of Injury	28b.	Time of		28c. Inju			28d. Describe					
DIVISION	To the Hospital or Attanding Physician: within 24 hours effer death. To the Funeral Director: After this certific completely filled in by the funeral director.	Certification:	3 ☐ Suicide 6 ☐ Co	iding estigation ald not be ermined		nth, Dey's	- At home, I	Injury	М	1[Yes 2 1	No	28f. Location	(Stree	end Numb	oer or Rural	Route	Number,
5	P # 5 =		4 nomicide		build	ding, etc.	(Specify)						City or To					
	To the Hospital within 24 hours e To the Funeral I completely filled	edical	29e. Certifier 178 Certi (Check only 2 Medione)	2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time end menner stated.								dete	e(s) end me end placa,	end due to	the car	use(s)		
	Vith To t	Σ	29b. Signature and tale of certifier 29c. License number											29d.	Date signe	d (Month, E	Jey, Ye	ier)
	3		30 Nome and add		D 33280 who completed cause of deeth (Item 23a) (Type, Print)								J	une "	29,1	991	5	
	7268		30. Neme end eddress of pers				th (Item 23a) AVE.		Print) (BERL	AND	, MD	2150)2					
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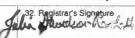
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Amended # 30, 7/2/96, Nd &, Allegany Countr State of Maryland / Department of Health and Mental Hygiene 20623 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** 28 1996 11:40 A.M. GRACE PEARL JENKINS LONG JUNE /Medical 4a. Facility Name (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner FROSTBURG VILLAGE NURSING HOME FROSTBURG ALLEGANY 5. Social Security Number 7. Aga (In yrs. lest birthday) If Under 1 Year If Undar 24 Hrs. 8. Data of Birth (Month, Dey, Year) AUG 7, 1903 Birthplace (State or Foreign Country)
 MARYLAND **Funeral** 1□ M 20 F Months Days Hours 92 AUG Director 214 32 2019 Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at 1 ¥ Yas 2 □ No Directo MARYLAND ALLEGANY FROSTBURG 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? or Items 23a or 41 W. COLLEGE AVENUE 21532 U.S. Peges 1 and 2 should be filed within 72 hours efter death 12. Was Decedent Evar In U,S. Armed Forcae?

1 ☐ Yas 2 ☒ No Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 11. Marital Status Bleck, White, etc. 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: þ 3 ₩ Widowed 4 Divorced "natural", WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) HOUSEWIFE OWN HOME other 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumema) permit. Pages 1 and 2 should be filt Department of Health and Mental Hy Important: if them 27 is marked oth any liqury or other treumatic event page. Be LLOYD FRANKLIN BROADWATER LUCINDA ROSS 2 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) PAUL JENKINS / SON 11 BEALLS LANE, FROSTBURG, MD 21532 20b. Place of Disposition (Nema of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) GRANTSVILLE CEMETERY 7/1/96 GRANTSVILLE, MD 21536 21. Signature of Funaval Service Licenses 22. Name and Address of Facility SOWERS FUNERAL HOME, P.A. 23a. Part1. Enter the diseasa, or complications that caused tha deeth. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heert feilure. List only one cause on each line. Approximate Interval Batween Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical 48 HRS UREMIA Examiner Due to (or as a consequence of) Examiner The lew requires that the death certificate be executed -transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last and Due to (or as a consequance of) Division of Vital Records, P.O. Box 68760, physician Physician/Medical the Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 20 No 3 Probably 4 Unknown CEREBROVASCULAR ACCIDENT þ been signature 24b. Were autopsy findings available prior to Completed ORGANIC BRAIN SyndromE 24a. Was an autopsy performed? completion of cause of death? ate hes 1 ☐ Yas 2 TNo 1 ☐ Yes 2 ☐ No certificate To the Hospital or Attending Physicien: within 24 hours after death.
To the Funeral Director: After this certifica completely filled in by the funeral director. Be 25. Was case referred to medical examiner? 28. Place of Death (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28c. Injury et Work? 27. Mennerof Death 28a. Date of injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 1 Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicida 6 Could not be 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and place, and due to the cause(s) and menner es steted.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete and place, and due to the cause(s) and mannar stated. Medical 29a. Certifier 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dev. Year) 4 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)
PIANG-SU CHANG, FROSTBURG PLAZA, FROSTBURG, MD 21.532 Mis

State Registrar

JUL 0 2 1996

31. Date filed (Month, Dey, Year)



Piease Type or Print in Black indelible Ink. Assure Ali Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 20624

Certificate of Death

						Ce	rtificate	of.	Death			Reg. No.			
	L		1. Decedant'e Nema (First, Middle, Las	st)						2.	Deta of De	eeth		3. Tima of Death	
	Physici /Medi			Joseph A	anthony	McDo	nnell			(Month	Day	9 lo	06:49	
	Examir		4a. Facility Name (If not institution, give	street end numbe	er)				4b. City, Tow	vn, or Locat	ion of Deel	th 4c. C	county of Dea	th	
			Union Hospital o	f Cecil C	County				E1kto	n		Ce	cil		
	Funeral Director		5. Social Security Number 6. S 183-10-4889	ex 7.7	Aga (In yrs. Ia 89	st birthday) Yrs.	If Under 1 Months	Yaer Days	If Undar 2 Hours	Min. No	Deta of Bi (Month, Di	rth ay, Year) 1, 190	9. Bir	thplace (Stata or Foreig ountry) insylvania	
	D		Usuel Residence of Decedant												
	nylen		10a. Stata 10b. County			Town or Lo	ocation							10d. tnsida City Limits	
	e Ma	cto	Maryland Cecil		Chi	lds								1 ☐ Yas 2 🗷 No	
	or 26	Oire	10e. Street and Number				10f. Zip 0	ode				10g. Citize	en of Whet Co	ountry?	
	th with the Maryler 23s or 28s-f show	al	1120 Blue Ball R	oad			219	16				U.S.	A.		
21215-0020	or Items	by Funeral Director	11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedar Armed Force 1 Yas 2 If Yas, Giva Yaer or Detes	s? D No		Wes Daceda If Yas, specif	y Cube	lispanic Orig on, Maxican, Specify:	iln? (Specif , Puerto Rid	y Yas or Nean, etc.)		14. Rece - Amarican Indian, Black, Whita, etc. Specify: White		
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pu	should be filed vind Mantel Hygie I marked other turnatic event, In	Bec	17. Fether's Nama (First, Middla, Last)						18. Mothar	r's Nama (F	irst, Middle	, Maiden S	umeme)		
/a	uld b Mant Aant rked itc e	To	Patrick Me	cDonnell						Ma	ry Co	ncann	on		
Maryland			19a. informent's Name/Relationship (1 Provincial Office	Type Print)	o f	19b. Maili	ng Addrass (Street	and Number	r or Rural R	louta Numb	per, City or	Town, Stata,	Zip Code)	
	and 2 eith e 27 la		St. Francis de Sa	les	. 01	P.O.	Box 1	.452	2 - Wi	1ming	ton,	DE 1	9899		
Baltimore,	permit. Pages 1 end 2 Department of Heelth of Important: if Itam 27 is any Injury or other tre once.		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Crametion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify		te cer	natery, cre	osition (Name matory or oth demeter	ar pled	ce)	6.	Data -18		ation - City or	Town, Stata	
3 E	artm ortan		21. Signatura of Funarel Sarvice Licen	*		2:	2. Nama and	Addra	ss of Fecility		996		ids, m	aryrand	
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À	Physician		snock, or haart failure. List only	ona causa on eech	lina.	DO HOT OH	ter the mode	or dyir	ig, such es c	cardiec or n	aspiratory a	arrast,		Approximeta Intarvai Between Onset and Death	
1	/Medical Examiner		Immediata Cause (Finel diseasa or condition rasulting In deeth) a. CONGESTWE HENT FALLURE												
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	nsit	uju.		b. AORT	u si									10-154RS	
- 6	entificate be executed ding physician and se es the bunel-trensit	Examiner	Sequentially list conditions, if eny, leeding to immadiate cause. Enter Underlying Cause (Disaasa or Injury		Dua to (or a		quence of):							11	
68760,	icata be e physician s the burie		cause. Enter Undarlying Cause (Disaasa or Injury	c. House	MOSCE		ie H	ent	pt k	VESK	185			"years"	
387	leeth certificata t attending physic for use es the t	Medical	thet Initieted evants rasulting In death) Last		Due to (or a	s e consec	quance of):								
×	ding se es			d											
Bo	atten for u	lan													
o.	the d	Physician	Part II. Other significant conditions co	ontributing to death	but not result	ing in tha u	inderlying car	ise giv	en In Pert I.		23b. Did	tobacco u	se contribute	to the cause of death	
Ω.,	hat the deeth ad by the atte deteched for	P									1 🗆	Yes 2	No 3□P	robably 4 Unknow	
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=	Physic this co	ဥ	1 Yas 2 DHO	Hospital: 1 Impa	tiant 2 E	R/Outpatlar	nt 3 DOA	Oth	ar: 4 Nur	rsing Homa	5 ☐ Ras	idanca 6	□Othar (Spe	cify)	
	Attending Ph r death. sctor: After th by the funeral		27. Manner of Deeth 1 Naturat 5 Panding 2 Accidant Invastigation		jury Day Year)	8b. Tima o Injury	M 28	. Injur Wor	yat k? Yas 2 □ N		d. Dascribe how injury occurred				
Divis	al or Atte s after de il Directo	Certification:	3 Sulcide 6 Could not be datarmined	20a. Pleca of I	njury - At hom atc. <i>(Specify)</i>	e, term, st	raat, factory,	office		28f		(Streat and wn, Stata)	Number or R	ural Route Number,	
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edical	29a. Cartifier (Check only one)	rsician: To the besisend menner:	ot axaminatio	edge, daat n and/or in	h occurred at vestigation, l	tha tin	na, data and pinion, daath	place, and	dua to tha at tha tima,	causa(s) a , data and p	nd mannar es placa, and dua	s stated. a to the cause(s)	
	Vithir To th	Z	29b. Signeture end titla of contiller				29c.	Licens	a nu <i>m</i> ber			29d. Date	signed (Mont	h, Dey, Year)	
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		-	20 Name and address at a second	ampleted 1	f do oth from	On) (T.	Data N	- 1	1.0			-/	10	,	
	0	}	30. Name and eddrass of person who of William F. Renzu					R.	ad -	Elkto	n. Mn	219	21		
			31 Data filed (Month Day Year)		etrarie Signatu		Juliol		,au	LIKEU	, FID	217			

Registrar

1. Data filad (Month, Day, Year)

JUN 1 8 1996

32 Ragistrar's Signatura

Sia Burdon Andelle

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State of Maryland / Department of Health and Mental Hygiene

96 20625

					Certificate of	f Death	F	Reg. No.		_ 0020		
Physi	cian	Decedent's Nama (First, Middla, Last		**		MODDEG	2. Data of Dea	ith	Vaca	3. Time to th		
/Med		Charles	Edwar	d		MORRIS	June	-		9:16 am		
Exam	iner	4a. Facility Nama (If not Institution, giva 6516 Roy Shafer				4b. City, Town, or Middleto	own		ederic	k		
Funera Directo		110 20 1075	X 7. Aga XM 2□ F	(In yrs. last b	Yrs. If Undar 1 Ya Months Day		8. Data of Birth (Month, Day Dec. 12	Year) 1927	Country	e (Stata or Foraign Jersey		
land		Usuai Rasidance of Decedant 10a. Stata 10b. County		10c. City, To	wn or Location				10d	. Insida City Limits		
Mary	ţ	Md. Fred	erick		Middleto	own				1 ☐ Yas 2 ☒ No		
th with the 23a or 28	al Director	10e. Street and Number 6516 Roy Shafe	r Rd.		10f. Zip Code	21769		U.S.A	en of What Country?			
Dat LITTIOTE, Midry Jiano 21213-0020 permit. Peges 1 end 2 should be filled within 72 hours efter deeth with the Maryland Department of Heelth end Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-1 show any injury or other traumatic event, the Medical Exercitives must be incitized.	by Funeral	11. Maritai Status 1 Nevar Married 2 Narried 3 Widowed 4 Divorced	12. Was Decedant E- Armed Forces? 12 Yas 2 No If Yas, Give Yaar or Datas: 1)	.5	of Hispanic Origin? (Suban, Maxican, Puari	pecify Yas or No- o Rican, atc.)	No- 14. Raca - Ama Biack, Whit Specify Whi				
Mat y I and 2 2 3-UUZU d 2 should be filed within 72 hours eft th end Mentel Hygiene. 7 is merked other than "natural", or traumatic event, the Medical Exercitation	Completed	15. Decedant's Edu (Specify only highast grad Eiamantary/Secondary (0-12)	cation (a complated) Collaga (1-4or 5+	16	a. Decedant's Usual Occ (Giva kind of work don lifa. DO NOT use rate physicist	cupation na during most of woi ired)	rking	16b. Kind of B		1000		
Hygid office of the	Be Co	17. Fathar's Nama (First, Middla, Last)) +		physicisc	18. Mothar's Nar	na (First, Middla,			Limetic		
uid be Mente rked dic ev	To B	John Alber	t Morris			Georgi	a MacInn	ies				
2 sho end 1		19a. Informant's Neme/Raiationship (T)			b. Mailing Address (Stre					ode)		
C, n 1 end 1 eeith 1 m 27 ther tu		Carol V. Morris (Wife)		516 Roy Sha		Middleto	wn, Md.				
Peges nent of 1 int: If he		1 ☐ Burial 2 🛱 Cramation 3 ☐ F			of Disposition (Nama of ary, crematory or other					DX -		
mit. Peges 1 en partment of Heel portant: If Item 2		4 Denation 5 Other (Specify) 21 Signature of Furbral Sithyice License		Smith	sburg Crema 22. Nama and Add	drass of Facility		mithsbu	irg, M	d		
Department of the post of the		(Aul &) Work	M.		Donald B.	. Thompson			21.760			
Physician	_	23a. Part1. Enter the disease, or comp shock, or heart failure. List only o	lications that causad t na causa on each ilne	ha daath. Do	not antar tha moda of o	in St., Mi dylng, such as cardiad	or raspiratory an	rast,	In	pproximata itarval Batween insat and Death		
/Medica Examine		Immediata Causa (Final disaasa or condition rasulting In death)	Multip	le Trai	matic Inju	ries			M	inutes		
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flicete be ex physicien as the burle	edical	that initiated avants rasulting in death) Last Dua to (or as a consequence of):										
onding use as	2		d						i			
. 0 62	lcla	Part II. Other significant conditions con	ntributing to death but	not resulting	In the underlying cause	givan in Part I	23b. Did to	obacco use co	ntribute to th	ne cause of death'		
as thet the death or igned by the ettend be detached for us	Physician				in the endulying seeds	grown are care in		es 2X No		bly 4 ☐ Unknow		
ne lew requires that the shes been signed by things 2 should be detached	Completed by						24a. Was a perfor		avalle	autopsy findings abia prior to eletion of causa		
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Physician: rthis certific rral director,	To B	axaminar?	fospital:	2 ER/C	utpatient 3 DOA	Other	loma 5 A Rasid		er (Specify)			
ding Phys h. After this funeral d		27. Mannar of Death 1 □ Naturel 5 □ Panding	28a. Data of Injury (Month, Day Jun 28, 1	Year) 28b.	Tima of 28c. In	njury at Vork?	28d. Dascribe h					
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7270	Certification:											
Hosi 24 ho Funs etely f	edical	29a. Cartifier 1☐ Certifying Physical (Check only one) 2☒ Medical Exami	ician: To the best of ner: On tha basis of a and mannar state	xamination a	a, daath occurred at the nd/or Invastigation, in m	time, date and place y opinion, daath occu	, and due to the c	ause(s) end me	enner es stett	BQ.		
To the Hospital of within 24 hours en To the Funeral Completely filled	Me	29b. Signature and title of certifier 29c. Licansa number D09867 29d. Data signed (Month, June 28, 1										
1		30. Name and eddrass of person who co	omplated causa of das	ath (Itam 23a)	(Type, Print)							
		Robert R.R. Robe				oad, Frede	erick, Ma	aryland	21701	-3319		

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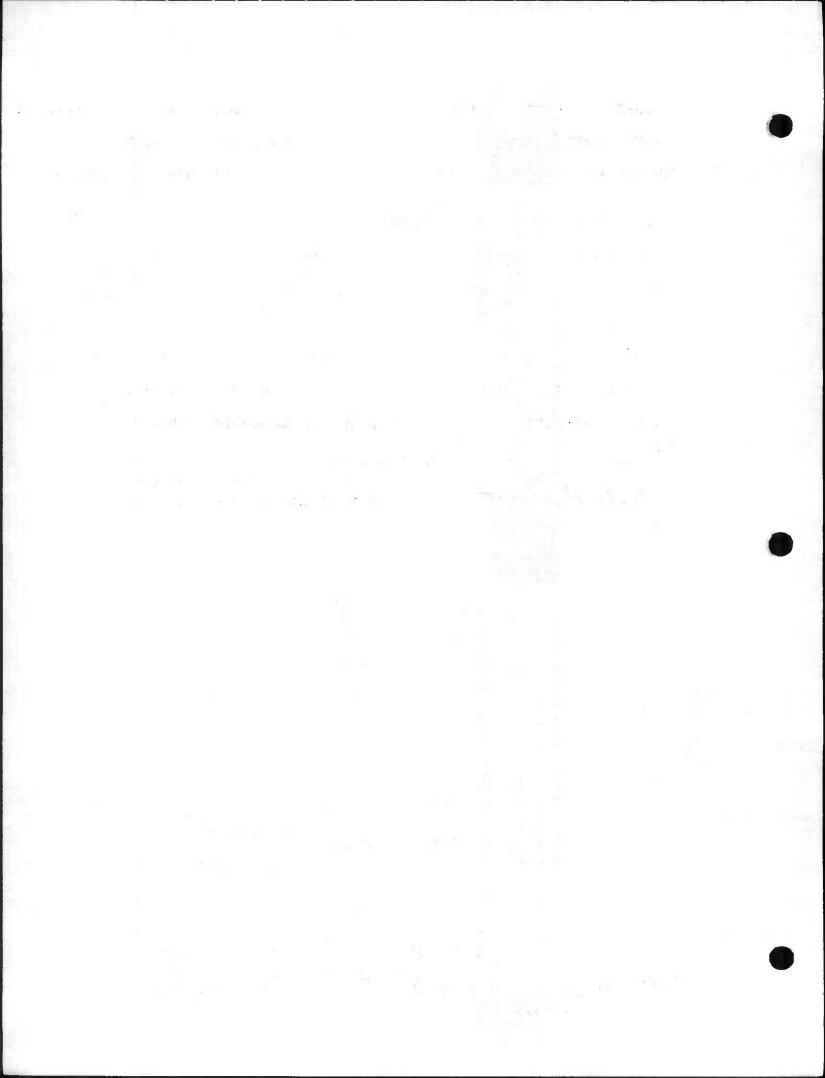
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State of Maryland / Department of Health and Mental Hygiene 95

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Physicia /Medic		MABEL	EV	ITT	MYERS						JUNE		24 1996		09:44 A	
Examine	_	4e. Fecility Neme (II not institu	tion, give	e street end nu	mber)				4b. City, To	own, or Lo	ocation of Deal	th 4c.	County o	of Deeth		
		SACRED HEAR	т но	SPITAL					CUMBI	ERLAN	D,MD.		ALLE	GANY	7	
unerai		5. Sociel Security Number	6. S		7. Age (In yrs. la:	st birthday)	If Under 1 Months	Year	If Under	r 24 Hrs. Min.	8. Date of Bi (Month, D	irth		9. Birthp	lece (State or Foreign	
rector		219-34-6573	1	□м 2Ю г	100	Yrs.	MOINTS	Deys	Hours	IVIII I.	10-5	-1895	5		RELAND	
		Usuel Residence of Decedent			40.00						0.6					
23a or 28a-f ahow ast be notified at	_	10e. Stete 10b. Cou	nty		10c. City,	Town or Lo	ocation	RO	OSTI	BU	Klo	0d. Inside City Limits 1 X Yes 2 No				
	5	MD. ALL	EGAN	IY	FI	ROSRB	URG-							T//(V-)		
	Director	10e. Street end Number					10f. Zip (Code				10g. Citi	izen of W	en of Whet Country?		
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		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetic		Removel from	00.0	ca of Disponentery, cre	osition (Nemi metory or oth	e ol her ple	сө)		Dete	20c. Lo	ocation - C	City or To	wn, Stete	
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egistra		JUN	26	1996	ALTA WHOM	user Na	rouse									



State of Maryland / Department of Health and Mental Hygiene 9.6

20627

					,	Cer	tificate of	Death		Reg. No.	0 2	.0021
	Physic	ian	1. Decedant's Nama (First, Middle, La			MAT	ONE		2. Data of Do Month	eath Day	Yaar	3. Time of Death
N.	/Medi	cal	ELMER	KILE	4	MAL	ONE	4b. City, Town, or		23 1996		2:45 AM
A	Exami	ner	4e. Fecility Neme (If not institution, git MEMORIAL HOSPITA)	N CALCULATION		קקדו		CUMBERLA		th 4c. County ALLE(
	Funeral Director		5. Social Sacurity Number 6. 8 234-56-5369		ge (In yrs. la		If Undar 1 Yae Months Days	r If Undar 24 Hrs	8. Date of Bi		9. Birthplac	ca (Stata or Foraign Y L'AND
	dand ow		Usual Rasidance of Dacedant 10e. Stata 10b. County		10c. City,	, Town or Loc	ation				10d	I. Insida City Limits
	a Man	ctor	WV MINER	RAL	FT	. ASF	IBY					Vas 2□No
	23e or 28	ral Director	10e. Street and Number BAKER HOLLOW I	ROAD			10f. Zip Code 2 6 7 1	9		10g. Citizen of U.S.	,	1?
020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglana. Important: if item 27 is marked other than "natural", or items 23a or 28a-f ahow any highly or other traumatic event, the Medical Exerciting must be notified at 2006.	by Funeral	11. Marital Status 1 ☐ Nevar Married 2 ☑ Merried 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedant Armed Forcas 1 Yas 2 If Yes, Give Year or Dates:	?		/as Decedant of Yes, specify Cu ☐ Yes 2)(☐ No	Hispenic Origin? (: ben, Maxican, Pue Specify:	Specify Yes or N rto Rican, etc.)	o- 14. Rad Bla Specif	ce - American ck, Whita, ato y: WHI	c.
21215-0020	d within 72 h jiana. r than "natu fr Modical	Completed	15. Dacedant's E (Specify only highest gr Elamantary/Secondary (0-12)		5+)	(Giva k lifa. D	ent's Usuel Occi kind of work don O NOT usa retir	a during most of we	orking		NATI(DNAL
Baltimore, Maryland	should be file and Mental Hy marked othe umatic event,	To Be C	17. Father's Name (First, Middla, Last	•					ma (First, Middle E GOWE	a, <i>Maidan Suma</i> n R	na)	
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ē,	s 1 and 2 of Health a item 27 is other trau		20e. Mathod of Disposition		20b. Pie	ace of Dispos	ition (Nama of atony or other pl		Deta	20c. Location		
m	Pages nent of i int: If its iry or o		1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special Control of Cont		FT.		Y CEME	*	6/26/76	FT.	ASHBY	,WV
Balt	Departing Imports any Inje		21. Signature of Funaral Service Lice	loch	4)	UF	Nama and Add	ress of Fecility FUNERA 1260-FT	L HOME	, INC.	5719	
			23a. Pert1. Entar the diseesa, or comshock, or heert failura. List only	plications that cause one ceuse on aech l	d the deeth.	. Do not anta	r tha mode of dy	ring, such es cardis	c or raspiratory	arrast,	A	pproximata ntarvai Batween
	Physician /Medical Examiner		Immadieta Causa (Finei disease or condition rasulting in daath)	a. CARCINON							0	YEARS
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oʻ	rificata be axecuted ng physician and s as tha burial-transit	Examiner	Sequantially list conditions, if eny, leeding to immadiate causa. Enter Undartying Cause (Diseasa or Injury	b. ————	Dua to (or	as a consequ	uance of):	<u> </u>				
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-	± 50 m	15		d								
Box	daath cer attandin d for use	iciar	Pert II. Other significant conditions of	contributing to death h	and most recording	ting to the co	daidda a acus a	ina la Part I	22h Did	I tohooo uun on	n de-liberate des de	ha annua of doots
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Records,	s been s	Completed t							24a. Wes	s an autopsy ormed?	aveile	eutopsy findings eble prior to detion of cause ath?
	Tha ate h page	Сош							10	Yas 2⊠ No	1 U Y	ras 2 ⊠ No
Z Z	ysician: The second director, pag	Be	25. Was casa referred to medical axaminar?	Hospitel:					ath (Check only	one)		
<u>ō</u>	Physical direction	. To	1 ☐ Yas 2 No 27. Mannar of Death	1 M Inpatil		R/Outpatient 28b. Time of	3LI DUA		1	how Injury occur		
<u>0</u>	Attending Physician: Ir death. ector: After this cartific by the funaral director,	ation	1 ■ Netural 5 □ Panding 2 □ Accident invastigatio	(Month, Da	ıy Year)	Injury	28c. Inju	ork? ∃Yas 2⊟No				
Division of Vital	al or Attend s after death il Director:	Certification:	3 Suicide 6 Could not b datarmined	26e. Piece of in	jury - At hom c. (Specify)	na, ferm, stra	at, factory, office		28f. Location City or To	(Street and Numi own, State)	per or Rural R	louta Number,
	To the Hospital or Attendi within 24 hours aftar death. To the Funeral Director: A completaly filled in by the fo	edical	29a. Certifiar 1	nysician: To the best niner: On the basis o end mannar st	f axamination	ledge, daath on and/or inva	occurred at tha tastigation, in my	tima, deta and plac opinion, daath occ	e, and dua to tha urred at tha tima,	causa(s) and m , data and place,	annar as state end due to Ih	ed. e causa(s)
	To t com	M	29b. Signetura and title of certifier	\bigcap			29c. Licer	ise number		29d. Dete signe		
	6		10/ Dome				D 148	365		JUNE	23,1	996
	Rec		30. Name end addrass of person who					(EDTOAT P				
	Sta	te	ROBUSTIANO BARRE 31. Date filed (Month, Dey, Yaar)	32. Registr			OLITAL D	IEDICAL B	որց., նն	THATYTOTIL	u, riu	21302

DHMH 16 Rev 6/95

Registrar

JUN 27 1996

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State of Maryland / Department of Health and Mental Hygiene 96

96 20628

					Certificate of	Death		Reg. No.		20020
		1. Decedant's Nama (First, Middle, Las	st)				2. Data of D	Peath	V	3. Time of Death
Physic /Med		JACK	т		MULLEN		JUNE	26 199	Yaar 6	12:30 AM
Exam		4a. Facility Name (If not institution, give	street end number)			4b. City, Town, or L	ocation of Dee	eth 4c. County	of Death	
		MEMORIAL HOSPITAI	& MEDICA	L CENTE	CR .	CUMBERLAN	D	ALLEG	ANY	
Funera Directo		212-30-0040	CO.	a (In yrs. last bi 6 7	rthday) If Undar 1 Yaa Months Dey		8. Dete of B (Month, D June	lirth Dey, Year) 4, 1929	9. Birthp Cour	olace (Stete or Foreign otry) Ohio
p z		Usuai Rasidanca of Dacedant 10e. Stete 10b. County		10c. City, Toy	m or Location					and testing the triangle
sho	5									10d. Insida City Limits
he N	Director	Md. Allega	any	Rawl	ings					1 ☐ Yes 2☐ No
with the		10e. Street and Numbar			10f. Zip Code			10g. Citizan of	What Cour	itry?
sath 23	Fra	23911 McMuller				1557			I.S.A	
Z IZ IS-UUZU d within 72 hours after death with the Maryland siene. r than "natural", or items 23s or 28s-f show the Morical Examiner, must be notified at	by Funeral	11. Marital Status 1 □ Never Marriad 2 □ Married 3 □ Widowed 4 □ Divorced	12. Wes Decedant I Armed Forcas? 1 Tyes 2 In It Yes, Giva Yaar or Dates:	No	13. Was Dacedant of It Yas, specify Cu		ecity Yes or N Rican, atc.)	Specify	ck, Whita,	
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7 ui	Completed	(Specify only highest grad	de completed)		(Give kind of work don life. DO NOT use retir	e during most of work ed)	ing	TOD. KING OF D	uan igaarii i	Justiy
than iene	EO	Elamantary/Secondary (0-12)	Collega (1-4or 5		Attorney	•		Law		
Maryiand Z1Z15-UUZU d 2 should be filed within 72 hours af th and Mentel Hygiene. 77 is marked other than "natural", or traumatic event, the Medical Exam	BeC	17. Fathar's Nama (First, Middle, Last)	T	1	ALLOTHEY	18. Mothar's Nam	a (First, Middl		10)	
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2 should be and Mente is marked in authorities of the company of t	-	19a. Informant's Name/Reletionship (7	ype, Print)	191	o. Mailing Addrass (Stree				State, Zip	Code)
ore, Maryland, s 1 and 2 should be filed if Health and Mentel Hygitem 27 is marked othe other traumatic event,		Jean C. Muller	n Wife							
Daltimore, bemit. Pages 1 er Separtment of Hea mportant: if item?		20a. Mathod of Disposition	I WITE	20b. Pleca o	3911 McMu Disposition (Name of	-	Date	20c. Location -		21557 own, Stata
Pages nent of h int: If its		1 X Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specify			ry, crematory or other pi		6 00			
Deficiency of important: If i any injury or once.		21. Signatura of Funaral Sandou Licent		Laur	al Hill C		6-28	Moscow	, Mc	1.
Depa any i		1. / // //	1/1/1	9		k Funera	1 Home	e - 31	Jone	s St.
_		220 Parts Enter the disease support	en a	5			Pi	edmont.		26750
Physician /Medica Examine		23a. Part1. Enter the disaese, or compshock, or haart tailura. List only of the compshort o	e. CEREBR	OVASCUL	AR ACCIDENT				1	Approximata Interval Between Onsat and Death 1/2 MONTH
	ē			Due to (or as a	consaquance of):					
nsit insit	Examiner		b		, ,					
exect n and lal-tra	Exa	Sequentially list conditions, if eny, laading to immadieta causa. Entar Undarlying Cause (Disaase or injury		Dua to (or es e	consequence of):				1	
rtificate be executed ng physician and as the burial-transit		Cause (Disaase or injury that Initieted avents	c							
ficate for the state of the sta	edical	rasulting In daath) Last		Due to (or es e	consaquenca of):				1	
	3		d							
	Physician/	Death Other desidence and second								
5 £ £ £	Jys	Part II. Other significant conditions co	intributing to death bu	it not rasulting i	n tha underlying causa g	ivan in Part I.				the cause of death?
s thet gned b		CONGESTIVE HEART	FAILURE				16	Yes 220 No	3∐ Pro	bably 4 Unknow
requir been si	Completed by							s an autopsy formed?	av	ere eutopsy findings alleble prior to mplation of causa
The law sete has	m.							Van ale		daath?
Vitali Vician: The Certificate rector, pag		25 Mine occup referred to medical						Yas 2⊠No	1	Yes 2 No
sicial certif	9 Be	25. Was casa rafarred to madical axaminar? 1 Yes 25 No	Hospital:			26. Placa of Deat				
al di si	-: To	27. Mannar of Deeth	1 2 Inpatie		Itpatiant 3LI DOA	4 LJ Nursing Ho		sidenca 6 Doth		K)
or Attending Physician: effer death. Director: After this certific in by the funeral director,	Certification:	1 ☑ Natural 5 ☐ Panding 2 ☐ Accidant Invastigation 3 ☐ Suicide 6 ☐ Could not be	28a. Data of Injur (Month, Day		Injury W M 1]Yas 2□No				
To the Hospital or Attending Physician: within 24 hours effer death. To the Funeral Director: After this certific completely filled in by the funeral director,		4 Homicide datamined	building, atc	: (Specify)	arm, straat, factory, office		City or To	(Street and Numb own, State)		
n 24 hour n 24 hour ne Funer pletely file	edical	29a. Certifier 1 Cartifying Phy (Check only one) 2 Madical Exam	etcian: To the best of Iner: On tha basis of and mannar ste	axamination ar	e, deeth occurred at that d/or invastigation, in my	tima, data and plece, opinion, daath occur	end dua to the red at tha tima	a cause(s) and ma , date and place,	annar as s and dua to	ated. tha causa(s)
To the To the Comp	ž	29b. Signature and title of cogilier			29c. Licer	nsa number		29d. Data signa	d (Month,	Day, Year)
26		1 X/ / 2	0		D 148	365		JUNE	26	1991.
Ingl		30. Nama and address of person who o	plated causa of da	ath (Itam 23e)	(Type, Print)			0 = 1 = 0	-/	(1/4
745		ROBUSTIANO BARRER				TEDICAL RI	חם כי	IMBERT AND) MID	21502
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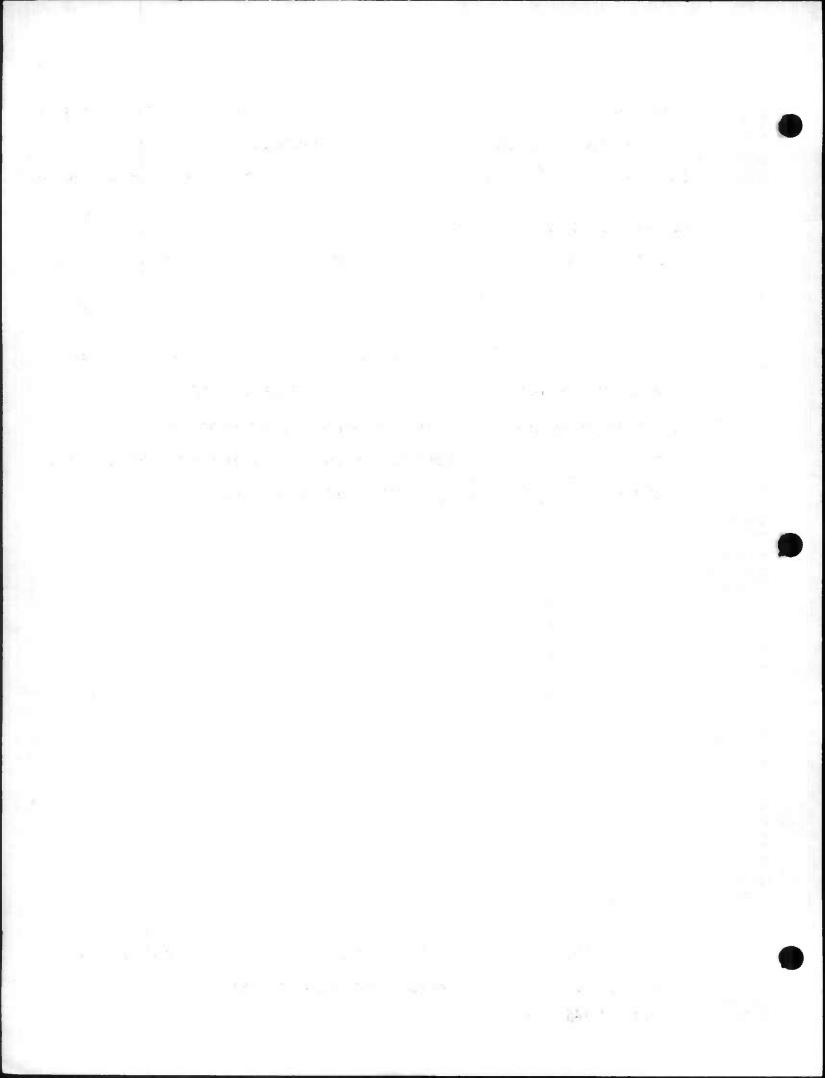
DHMH 16 Ray 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene 96 20629

Certificate of Death

						Cel	lilicate of	Deam	1	Reg. No.			
	Physic /Medi		Decedent's Name (First, Middle, L GUY MALLOW	ast)					2. Date of Dea Month JUNE	Day	Year 996	3. Time of 1	
	Examir		4a. Facility Name (If not Institution, gi	ve street end number))			4b. City, Town, or	Location of Death				
			SACRED HEART H	HOSPITAL				CUMBERL	AND	ALLEG	ANY		
	Funeral				ge (In yrs. last L	birthdey)	If Under 1 Year	If Under 24 Hrs	8. Dete of Birt		9. Birthp	laca (Stete or	r Foreign
П	Director		214 07 5760	1XXM 2□ F 8	7	Yrs.	Months Days	Hours Min	FEB 11.		WEST	viry) VIRGI	INTA
٠	ъ		Usuai Residence of Decedent		<u>'</u>				ILD III	1707	WEDI	VIIIOI	TILL
	ylan Mari		10a. State 10b. County		10c. City, To	wn or Lo	cation				1	0d. Inside Cit	y Limits
	Mar I	to	MARYLAND ALLEGAN	TV	FROST	ים מוזם כי						1 X Yes	2 🗆 No
	the 128	Director	10e. Street and Number	VI.	TEVOST	DUNG	10f. Zip Code			10g. Citizen of 1	What Cour	itry?	
	with with		(O UTIL CEREE				7.22	2.0				.,.	
	eath	Funeral	68 HILL STREET 11. Maritel Stetus	12. Wes Decedent	Ever in I.I.S	13 V	215		Specify Vee or No.	U.S	ca - Americ	en Indian	
	ler d	ä	1 Never Married 2 Married	Armed Forces	7	if	Yes, specify Cub	an, Mexican, Pue	Specify Yes or No- rto Rican, etc.)	Bie	ck, White,		
21215-0020	13 e	by F	3 ₩ Widowed 4 Divorced	1 ☐ Yes 2 ☑ If Yes, Give Yeer or Dates:	140	1	☐ Yes 21 No	Specify:		Specify	у:		
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5	s within 72 hours efter death with the Maryland ilene. Than "natural", or items 23a or 28a-f show the Medical Examiner must be notited at	Completed	(Specify only highest gi	ade completed)	10	(Give I	kind of work done OO NOT use retire	during most of wo	orking	16b. Kind of B	usinessinc	Justry	
12	withi Bne. than	m d	Elementery/Secondery (0-12)	College (1-4or				۵)		CTT 4		CORR	
7	THE REAL PROPERTY.		12 17. Fether's Neme (First, Middle, Las	()		SUPE	RVISOR	19 Mother's Na	me (First, Middle,		NESE	CORP.	
Maryland	bed of o	Be									110)		
Ž	should by nd Menta marked umatic ev	To	GEORGE AMOS MA						ARA SMIT				
Ja	2 0 0 0		19a, Informant's Name/Relationship	(Type, Pnint)	15	9b. Mallin	g Address (Street	end Number or R	lu <i>ral Rou</i> te Numbe	or, City or Town,	, Stete, Zip	Code)	
	999		JANE STEVENSON/DA	AUGHTER				N ST., F	ROSTBURG				
0	8 - 2		20a. Method of Disposition 1x⊟xBurial 2 ☐ Cremation 3 [Removel from State	oomo!	of Dispos tery, crem	sition (Neme of netory or other ple	ce)	Date	20c. Location -	- City or To	wn, Stete	
Ξ	Peges nent of int: If its iry or o		4 Donation 5 Other (Special		FROS	TBUR	G MEMORI	AL PARK	6/29/96	FROSTBU	RG, M	ID 2153	32
Baltimore,	permit. Pege Department of Important: If any Injury or once.		21. Signature of Edward Service Lice	nese 10	1	22.	Name end Addre	ss of Facility					
m	Depa Impo any I		7/ Kindow	YIV	hunan	SO	WERS FUN	ERAL HOM	E, P.A.				
	_		23a. Part1. Enter the disease, or con shock, or heart feilure. List only	notications that cause	d the deeth. Do	60	W. MAIN	ST. FR	OSTBURG,	MD 215	32	Approximate	
	Dhamiston	1	shock, or heart feilure. List only	one cause on each i	ine.							interval Betw Onset end D	veen
ì	Physician /Medical		immediate Cause (Final										
	Examiner		disease or condition resulting in death)	a	CONGES	TIVE	HEART F	AILURE			4	8 HRS.	
Į.		20			Due to (or as	a consequ	uence of):				1		
	bed sit	Examiner		b			TIC STEN	OSIS			<u> </u>	3 YRS.	
	certificate be executed rding physician and use es the burial-transit	хаг	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		Due to (or es	e consequ	uence of):				1		
68760,	cian buria		cause. Enter Underlying Cause (Diseese or injury	C	ASCVD						į_	15 YRS	3.
87	sate the	Physician/Medical	that initiated events resulting in death) Lest	-	Due to (or as a	a consequ	ience of):						
9	ing p	Me		d	DIABET	ES					į	15 YRS	i .
Вох		an		0.	2 111221						1	10 110	
	de el	SIC	Part ii. Other significant conditions	contributing to death b	out not resulting	In the un	derlying cause giv	ren in Part I.	23b. Did t	obacco usa co	entribute to	the cause o	of death?
P. O.	thet the de led by the e detached	Ph.							101	Yes XX No	3 Prol	bably 4 🗆 t	Unknown
	es the	by								111			
Records,	= 00	8								an autopsy	24b. We	ere autopsy fir ailable prior to	ndings
0	0	Completed							perio	med?	COI	mpletion of ca	
R	0 - 0	E							101	es Zo No		Yes 2□1	Na
Ö			25. Wes case referred to medical									1168 201	NO
Vital		o Be	examiner? Y	Hospital:			Ott	Ar	eth (Check only o		- Can Cilian	,	
ō	Phys ral d	. To	1 ☐ Yes 2 ☑ No 27. Manner of Death	28a. Date of inju		. Time of	3LI DOM	4 LI Nursing	Home 5 Resid			1)	
Division	After fune	ion	1 Natural 5 ☐ Pending	(Month, De	y Year)	injury	28c. inju	k? Yes 2□No	200. 2000.120	iow injury cood.	100		
S	al or Attending Ph s efter death. Il Director: After th ed in by the funeral	Certification:	3 ☐ Suicide 6 ☐ Could not I	De Diese of le	ium. At home	form oten		100 2 100	28f. Location (5	Street and Numl	her or Rurs	I Boute Mumi	her
2	or A offer Direction by	ŧ	4 ☐ Homicide determined	building, et	ic. (Specify)	tarm, stre	et, factory, office		City or Tow		Jei Oi Fiula	i riodie ivanic	701,
	To the Hospital or Atwithin 24 hours efter of To the Funeral Direct completely filled in by								1			,	
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	6) my	uno ce	yue 1	u)	, D131	66		JUNE	28,	1996	
1	nis		30. Name and address of person who	completed cause of c	death (item 23a) (Type, F							
	TUS		ANGEL H. ROQUE, M	1.D., 48 T.	ARN TER	RACE	, FROSTB	URG, MD	21532				
	Sta	te	31. Dete filed (Month, Dey, Yeer)		rer's Signature								



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

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	Physic /Medi		Decedent's Name (First, Mide JO		YSLE			ARSHALL)			2. Data of Dea Month 0 G	Day 25	Year 96	3. Time of Death 7:50 A
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	Funeral Director		5. Social Security Number 215–26–5560	6. Sax 1∭ M 2□ F	7. Age	(In yrs. last birt	thdey) Yrs.	If Undar 1 Year Months Deys		24 Hrs. Min.	8. Data of Birth (Month, Day OCt • 24		9. Birthp	lace (Stata or Foreign
	pu »]	Usuai Rasidence of Dacedant 10a. State 10b. Count			10c. City, Towr		ation						
	Maryla 4 sho	to		comico		Toc. City, Town	or Loc	Salisbu	ıry				1	0d. Insida City Limits 1 X Yas 2 □ No
	28a	9	10e. Street and Number					10f. Zip Code			1	log. Citizan of	What Coun	itry?
	th with	al D	337 Cedar	Drive				21	1802			US	A	
20	be filed within 72 hours after death with the Maryland ital Hygiene. Id other than "natural", or flems 23a or 28a-f show event, the Medical Exertine must be notified at	by Funeral Director	11. Maritai Status 1 ☐ Nevar Married 2 ☑ Ma 3 ☐ Widowed 4 ☐ Divorce		orcas? 2 □ N	World		Ves Decedent of Yas, specify Cul			ecify Yas or No- Ricen, etc.)	14. Rac Ble	ck, Whita,	
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Baltimore,	permit. Pages 1 and 2 should Department of Health and Mer Important: if them 27 is marke any Injury or other treumstic once.		XXBurial 2 ☐ Cramation 4 ☐ Donetion 5 ☐ Other (Specify)	Stata			s Cemet		6/2				ion, MD
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	Physician													Onset and Death
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ox 6	certifi ding	√Me		d								-		
\mathbf{m}	death d for t	iciai	Part II. Other significant conditi	one contributing to d	loath hu	t not resulting in	the un	darbilaa causa a	han in Dart	1	23h Did to	hacca use co	ntribute to	the cause of death?
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~	ician: The lav certificata has rector, page 2	Con									1 🗆 Ya	as 2 No	10	Yes 2□ No
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O	ding h. After fune	tlon	1 Natural 5 Pendi		th, Day		ijury	28c. Inju Wo M 1	ork?]Yas 2∐		260. Describe no	ow injury occur	red	
Division of	of or Attending Physician: after death. I Director: After this certificated in by the funeral director,	Certification:	3 Sulcida 6 Could 4 Homicide datarr	not be 28a. Place	e of Injui	ry - At home, tar (Specify)	m, stre	et, factory, office			28f. Location (Si City or Town		per or Rura	l Routa Number,
	To the Hospital or Attending Physician: The lav within 24 hours after death. To the Funeral Director: After this certificata has completaly filled in by the funeral director, page 2	edical	29a. Certifier (Check only one) Certifyi	ng Physician: To the Examinar: On the b and man	asis of e	exeminetion and	daath (Vor Inva	occurred at tha t astigation, in my	ima, data ar opinion, des	nd place, oth occurr	and due to the co	ause(s) and me ata and place,	enner es st and dua to	eted. tha cause(s)
	To the comp	M	29b. Signatura and title of certific	or ,	/	,		29c. Licen	se number		2	9d. Dete signe	d (Month, i	Dey, Yeer)
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			30. Nama and eddrass of person	who completed cause				rint)	16	, ,	uspury,	mn	10/1	
			DENNIS J. CH. 31. Data filed (Month, Pay Year		M.D	es Stant ura	03	QUINON	57.	SAL	uspury,	1111 21	1801	-
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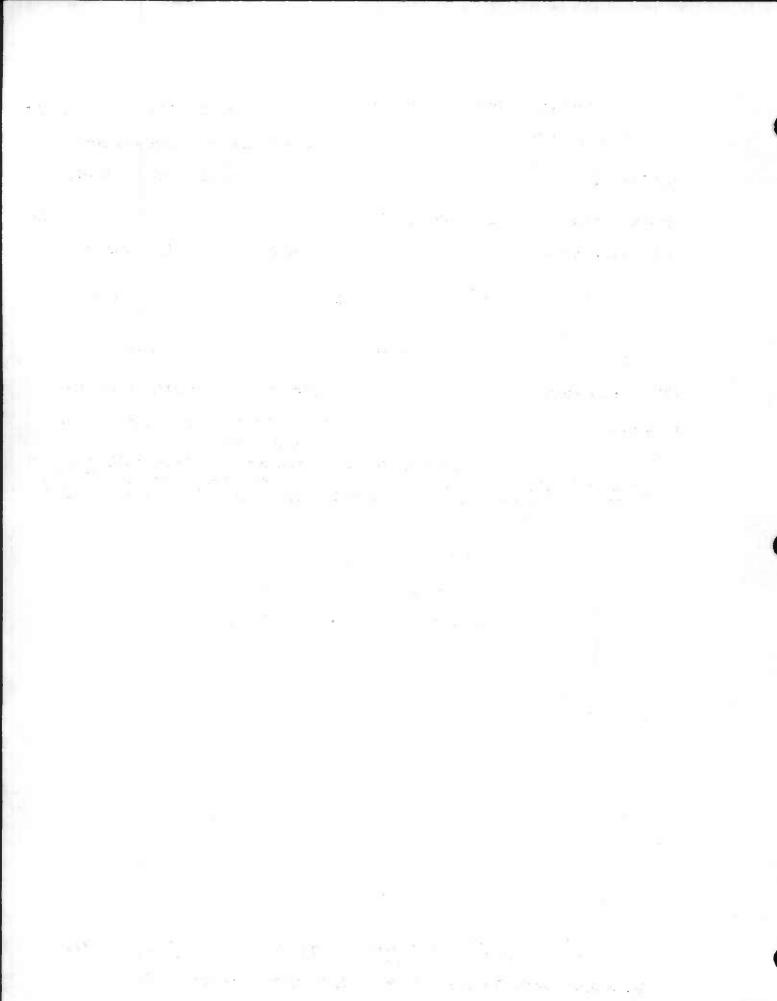
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					Certificate of	of Death	R	eg. No.	
			1. Decedent's Neme (First, Middla, Last)				2. Data of Deet		3. Time of Death
	/sicia	_	HAVYIETT	E.	Mar	#lal	Month	Day Yeer	0756
	ledic amine		4e. Fecility Neme (If not institution, give s	treet and number)	7. 100	4b. City, Town, or	- 1	4c. County of Deal	
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France	anal .		5. Social Sacurity Number 6. Sax	7. Aga (In yrs.	last birthday) If Under 1 Ya	aar If Undar 24 Hrs	8. Data of Birth	9 Rin	holece (State or Foreign
Fune Direc				M 20XF	Yrs. Months De		(Month, Day,	Year) Co	hplaca (State or Foreign
	,101	1	Usuel Rastdence of Decedent	26			6-11-	1940	1114
aw Jend	12		10e. Stete 10b. County	10c. City	, Town or Location				10d. Inside City Limits
Very		5	Md Somers	ET (Vic Eigld				1 Yes 2□No
the 28s		Director	10e. Street end Number	21	/ 10f. Zip Cod	lo.	- 4	0g. Citizen of What Co	, , , , , , , , , , , , , , , , , , ,
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er de	9	5	u.	Was Decedent Ever in U, Armed Forces?	tf Yas, specify C	of Hispantc Origin? (S Juben, Mexican, Puar	o Rican, etc.)	14. Race - Ame Black, Whit	
20 s aft	E	by	1 ☐ Never Merried 2 Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 No If Yes, Give	1 □ Yes 2 1	No Spacity:		Specify:	lack
15-0020 72 hours after deeth with the Meryland "naturel", or frems 23s or 28s-f show	3	8		Yaar or Detes:		- 147		0	1461
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vithin jene.	5		Elementery/Secondery (0-12)	College (1-4or 5+)	1 ./			Cook	
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arylan should be ind Mentel	200	ှ	MIDEN COL	IIMS Dr.		DATA	h E. /1	lghman	
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2000		-	MATIE DIX - MER		230 Brong	JWAY LVI	stield ?	Md. 2181	7
of Hee	5	1	20a. Method of Disposition 1		leca of Disposition (Name of penetary, crematory or other	place),	Dete	20c. Location - City or	Town, Stete
Pages nent of h			4 Donetion 5 Other (Specify)	ST	JAMKS CEM	rtery	7-6-96 /	VESTANKI	Mid.
Baltimore pemit. Pages 1 e Department of He Important: If itam	8	1	21. Signature of Funeral Service License		22. Nama and Ad	dress of Facility		,00,	7774
m aae	SUC		WATER S	1/1	- 3111 C	UFST (risFIEL	Hml.	21817
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/Medic	_	И	tmmediete Cause (Finel	18.	X D1	7	Embell	1-	- 11
Examir	ner		diseese or condition resulting in deeth)	uc		unary 1	CM DO 1	1500	ten MOHES
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pet le		틸	b		3 ₁₁				
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68760, filcate be experience the buries		edical	resulting in deeth) Last	Dua to (or	as a consequance of):				
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death of ettern	5	iar I							
O & & & &	3	Physician	Pert it. Other significant conditions cont	ributing to death but not resu	iting to the underlying cause	given in Pert i.	23b. Did to	bacco use contribute	to the cause of death?
thet the			- End-sta	ne Red (Disease No	econolus	1 🗆 Y	8 20 No 3 □ P	robably 4 Unknown
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Vital Vital	5		25. Wes case referred to medical examiner?			26. Ptece of De	eth (Check only on	θ)	
of Vita Physician: this certific	5	0	1 Yes 2 No	ospitet: 1 Inpatiant 2 1	ER/Outpatient 3 DOA	Other: 4 Nursing F	loma 5 ☐ Raside	nce 6 Othar (Spe	cify)
g Physical distriction	5		27. Manner of Deeth	28a. Date of tnjury (Month, Day Year)	28b. Tima of 28c. In injury 28c. In	njury et Work?	28d. Describe ho	ow tnjury occurred	
ision ttending death. ctor: After		atio	1 ☑Neturet 5 ☐ Pending 2 ☐ Accidant Invastigation	(moning Day 1 oai)		I □ Yas 2 □ No			
Division or Attending effer death. Director: After		2	3 Sulcide 6 Could not be determined		me, ferm, street, fectory, offi	ce	28f. Location (St.	raet and Number or Ru	ıral Routa Number,
Div A lor A		Certification:	4 D Homicia	building, etc. (Spacify	9		City or Town	, State)	
Division or To the Hospital or Attending Phywithin 24 hours ofter death. To the Juneral Divector: After this completely filled in by the funeral.			29a. Certifier 1 Certifying Phyal	cian: To the best of my know	viedge, deeth occurred et the	e time, dete end plece	, end due to the ce	ause(s) end menner es	steted.
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->-0) (A) X	S. 1%	21 110 1-	200 571		Ilila	
		-	30. Name end eddress of person who con	rolated cause of death (#	23a) (Type Print)			17118	8
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	State		31. Dete filed (Month, Day, Year)	32, Registrer's Signat	ure	VIGN	451 M	Wr.	centry 1
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State of Maryland / Department of Health and Mental Hygiene 96 20632

_							Ce	ertificat	te of	Death)		Reg.	No.			
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	Exami		4a. Facility Nama (If not ins			m <i>ber</i>)				4b. City, To	own, or L	ocation of Da	ath	4c. County	y of Daath		
		ш			e's Way							arlbor			-	rge's	
	Funeral		5. Social Sacurity Number	6.	Sex 1M 2□ F	7. Aga (In yrs. 74	last birthday Yrs.	Months	r 1 Yaar Days	Hours	24 Hrs. Min.	8. Data of (Month,	Birth <i>D</i> ay, Yea	ar)	9. Birthp	olaca (State o	or Foraign
	Director		217-34-1655 Usuai Rasidance of Deceda	nt	71		115.			<u></u>		Feb 1	3, 1	922	Mary	land	
	land		10a. Stata 10b. C			10c. Cit	y, Town or L	ocation							1	0d. Insida C	City Limits
	the Marylan 28a-f show	ō	Maryland Pri	nce	George's	s Ur	opper	Marlb	oro							1 🗆 Yas	2 XXI0
	or 28a-f	Director	10e. Street and Numbar					10f. Zip	Coda						What Cour		
	deeth with the Maryland	a D	4705 Moore	s Wa	ıy					207	72		Un	ited	Stat	es	
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0	72 hours efter natural', or ite	Fu	1 Navar Marriad 25	•	1 ☐ Yas If Yas, Giv			1 ☐ Yas	-	Specify		rnoan, ato.,		Specif	ck, Whita,	ite	
21215-0020	"natural",	d by	3 Widowad 4 Div	orced	Yaar or Da	atas:								Specif	y. **11	100	
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an	ld be ental ked o	To Be	Allen Early							Blan			Este			erton	
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	s 1 and 2 should be filed with if Health and Mental Hygiena. Item 27 is marked other than other traumatic event, tha H		Helen L. Moon	e				-				er Mar					72
re,	tem frem frem othe		20a. Mathod of Disposition			20b. P	Place of Disp ematary, cre	osition (Na	ma of	June	29.	1996	20c.	Location	- City or To	own, Stata	
Baltimore,	permit. Peges 1 and 2: Department of Health as important: if item 27 is any injury or other traconce.		XXBurial 2 Crama 4 Donation 5 Oth			Stata	phany						Fo	rest	ville	,Mary	land
alti	mit. pertin		21. Signatura of Funaral S	rijeo Lice	ensue) /)	7 2	2. Nama ar	nd Addra	ss of Facil	tyLee	Funer					
m	80 E 8 8		1/18/	01	(lds	-//						ad, Cl					
			23a. Part1. Entar the disaa shock, or heart failure	a, or co	mplications that co	ausad tha daatl	h. Do not ar	ntar tha mod	da of dyir	ng, such as	cerdiac	or raspirator	arrast,			Approximat	ta
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	/Medical		Immediata Causa (Final disaasa or condition			MM	0(ar	dua	9m	year	4-						
н	Examiner	L	rasulting in death)		a	Dua to (o	r as a conse	quance of):		V \-							
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Records,	requires thet the een signed by th hould be detech	q pe											as an au		24b. W	ara autopsy	findings
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0	ding Ph h. After thi funeral		27. Mennar of Death 1 X Natural 5 □ P	anding	28a. Data o	of Injury h, Day Year)	28b. Tima o	of 2	28c. Injur Wor			28d. Dascrit				,,	
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Division	or Att	Certification:	3 ☐ Suicide 6 ☐ C 4 ☐ Homicide	ould not starmine	d 28a. Place	of Injury - At ho	me, farm, st	traat, factor	y, office			28f. Location City or	o (Streat Town, St		ber or Rura	il Routa Nun	nber,
Ω	itai o																
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	To the Hospital or Attending Ph Within Fut hours effer deeth To the Funeral Director: After th completely filled in by the funeral	Med	one) 29b. Signatura and titla of o		and mann	ar stated.				a number						Day, Year)	
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				W	2119	V. U.	Phy	ruan))	112	8	/) - 0	1	10	
			30. Nama and address of pe	rson who	completed cause	a of death (Itam	Offic	, Print) ce Roa	d. V	Valdo	cf, I	Maryla	nd 2	0602			
	Sta	ato	31. Data filad (Month, Day,			agistrar's Signa					-						
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State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death . 1996 **Physician** Month June 30, William 6:20 P.M. Moreland /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Southern Maryland Hospital Clinton Prince George's If Undar 1 Yaar | If Undar 24 Hrs. 8. Data of Birth (Month, Day, Feb 2, 5. Social Sacurity Numbar 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign **Funeral** Months Days Hours XXM 2DF Mary Land Yrs. Director 579-24-9016 Usual Rasidanca of Dacedant Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland neal of Heelth and Mentel Hygiene. In this if them 22 is and 28-4 show thit if them 22 is a marked other than "natural", or items 28 or 28-4 show any or other traumatic event, the Medical Experiment may be notified at 10e. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yas X No Directo Maryland Prince George's Clinton 10e. Streef and Number 10f. Zip Coda 10g. Citizan of What Country? 8609 Dangerfield Road 20735 United States Funeral 13. Was Decedant of Hispanic Origin? (Specify Yas or No If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - American Indian, Black, Whita, atc. 11. Marital Status 1 Never Married 2 X Married Baltimore, Maryland 21215-0020 1 ☐ Yas 20XNo Specify: Specify: þ 3 ☐ Widowad 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Buainass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Painter House Painting 10 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Annite Maria Thomas Benjamin Francis Moreland 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 8609 Dangerfield Road, Clinton, Md 20735 Dolores A. Moreland 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) July 5, 01996 20a. Mathod of Disposition 20c. Location - City or Town, Stata XXBurial 2 Cramation 3 Ramoval from State permit. Page Depertment of important: It any injury o Clinton, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) Resurrection Cemetery 22. Nama and Addrass of Facility Lee Funeral Home, Inc 6633 Old 21. Signature of Funaral Sarvice Licenses Alexandria Ferry Road, Clinton, Md 20735 Ke 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarvai Between Onsat and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in death) Examiner Due to (or as a consequer Examiner oses The lew requires that the death certificate be axecuted physician end s the buriel-transit Sequantially list conditions, if any, laading to Immadiafa causa. Entar Undarfying Causa (Disaasa or injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of): P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) attending pl been signed by the a should be deteched t Part If. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Division of Vital Records, þ 24b. Wara autopsy findings available prior fo 24a. Was an autopsy completion of cause of death? page 2 has 2 DINO 1 ☐ Yas 2 ☐ No certificete 1 Tas Hospital or Attending Physician: funeral director. 25. Was casa rafarrad to me axaminar? Be 26. Placa of Death (Theck only ona) Hospital: Other: 4 Nursing Homa 2 20 No 1 ☐ Yas 2 ER/Outpatient 3 DOA 5 ☐ Rasidance 6 ☐ Othar (Specify) this 28a. Data of tnjury (Month, Day Year) 27. Manner of Death 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? After 1 Natural 5 Panding invastigation aftar death. Director: Aft 2 No 1 ☐ Yas 2 Accident 6 Could not be datarmined within 24 hours aftar der To the Funeral Director completaly filled in by th 3 Suicida 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homloida 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and placa, and dua to tha cause(s) and mannar as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mannar stated. edical 29a, Cartifiai To the 29b. Signiffure and title of certifie 29c. Licansa number 29d. Data signed (Month, Day, Year) who complated causa of daath (Itam 23a) 30. Nama and addrass of p de 31. Data filed (Month, Day, Year) 32. Registrar's Sign State JUL 02 whi Davidson Randall Registrar

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State Registrar

29b. Signatura and titia of certifiar

30. Nama and addrass of person who completed causa of daath (Itam 23a) (Type, Print) MEMORIAL HOSPITAL MARK SAGIN M.D.

D 35481

29c. Licansa number

29d. Data signed (Month, Day, Year) June 30, 1996

CUMBERLAND, MD 21502

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State of Maryland / Department of Health and Mental Hygiene 96

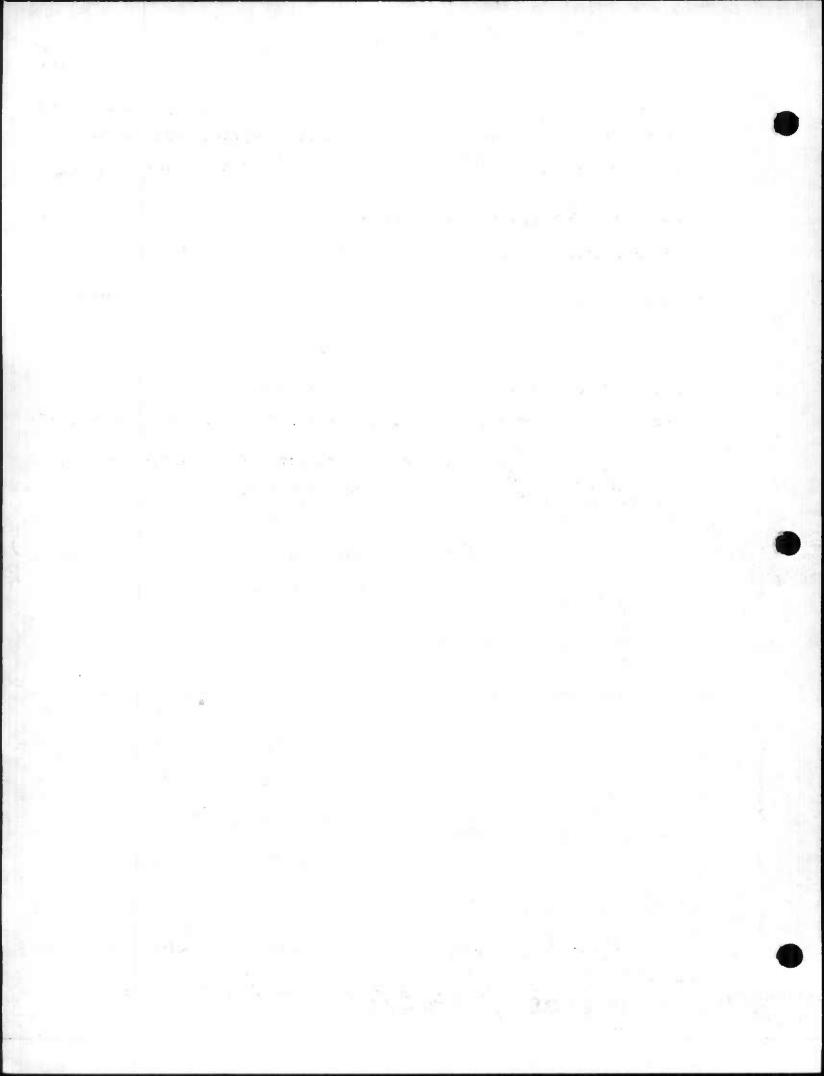
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	- s - ö										July 3								
		30. Nama and addrass of person who complated causa of death (Itam 23a) (Type_Pfint)																	
			Richard I. Hoch						Drive	Anna	polis	, Md. 2	21401						
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DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96 20637

					Certif	icate of	Death		Reg. No.	0 6	.0001
Physic	ian	1. Decedent's Neme (First, Middle, Last)					2. Date of De		Yaar	3. Time of Death
/Medi			riest					June	20	1996	3:30pm
Exami	ner	4e. Fecility Name (If not institution, give Meridian–Layhii		r			4b. City, Town, or Silver	Spring	Mont	y of Deeth gome:	ry
Funeral Director		5. Social Security Number 6. Se 202-10-8756	x 7. Aga 27M 2□ F 4.4	(In yrs. last birth		Under 1 Yaar onths Days	If Undar 24 Hrs Hours Min.	8. Data of Bir	th 19, Year) 5 1952	Cour	olaca (Stete or Foreign ntry) ryland
pur &		Usual Residence of Decedent 10a. Stete 10b. County		10c. City, Town	or Looptie						
e Maryla 8a-f shor	ctor		tgomery	Poole							0d. Inside City Limits 1 ☐ Yes 2 No
23a or 21	Funeral Director	15000 Sugarland	d Rd.			0f. Zip Code 20837			10g. Citizen of U.S.A		ntry?
of 2 should be filed within 72 hours after death with the Manyland the ord Mental Hyglane. 7 Is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at	by	11. Marital Status 1 □ Never Merried 2 □ Marrled 3 ☑ Widowed 4 □ Divorced	12. Wes Decedant E Armed Forces? 1 ☐ Yes 2 No If Yes, Giva Yaer or Detes:			Decedent of H s, specify Cub Yes 2 No	lispenic Origin? (S an, Mexican, Puar Specify:	Specify Yes or No to Rican, etc.)		ce - Americ ck, White, by: Wh.	atc.
vithin 72 ho ne. hen "netu	Completed	15. Decedent's Edu (Specify only highest grad Elementery/Secondary (0-12)	cation a com <i>pleted)</i> College (1-4or 5+	-)	Giva kind life. DO N		during most of wo d)	rking	16b. Kind of B	lusiness/ind	dustry
Z should be filed with end Mental Hygiane. Is marked other than raumatic event, tre		1 2 17. Fether's Neme (First, Middle, Last)		Bu	sine	ss Ow		ma Minat Middle	Maidea Compa		
d be t	Be c	Robert Priest,	Sr					ne (First, Middle,		na)	
mark mark matic	T ₀	19a. Informent's Name/Reletionship (Ty		19h	Meiling A	ddraes (Straat	end Number or Ri			State 7in	Codel
ulth er 27 is 27 is r trau		Ruth V. Priest									Md.20837
permit. Peges 1 and 2 Depertment of Health e Important: if Item 27 is any injury or other tra once.		20a. Method of Disposition 1 ☐ Burial 2 ② Cramation 3 ☐ F 4 ☐ Donetion 5 ☐ Othar (Specify)	lamoval from Stata		, cremeto	ry or other plea	matory	Date 6 / 2 2	20c. Location		
ortan ortan Injur		21. Signature of Funeral Service License	6	SILLCII		me and Addre		0/22	JIII CIIS	Durg	, ma.
Depen Impo		12.1. O (V	ih		Hil	ton F	uneral	Home	MA 2	0838	
		23a. Pert1. Enter the disaase, or compli shock, or heert feilure. List only or	cetions thet caused t	he daath. Do no	ot antar th	a mode of dylr	ng, such as cerdia	or respiretory e	rrest,	0030	Approximete
hysician		onsert of needs tollars. Electrify of									Interval Between Onset end Deeth
/Medical Examiner		immediete Cause (Finel disaesa or condition		ano xia	2	ence	phalo	pathy		1	8 metts
Aum III	100	resulting in deeth)	D	ue to (or es e co	nsequenc	ce of):	ephalo sorder	0	1	İ	
ısit	Examiner	_ t					Sorder				
el-tra	Xar	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	D	ue to (or es e co	nsequenc	ce of):					
siciar e bun		Cause (Disease or Injury thet initieted events			THE STANCE					-	
y the ettending physician and sched for use es the buriel-transit	Medical	resulting in deeth) Lest	, i	ue to (or as a co	nsequenc	ee of):					
ettend for us	Physician/										
the d	ysic	Pert II. Other significant conditions con	tributing to death but	not resulting In t	he underl	ying cause giv	en in Pert I.	23b. Did	lobacco uee co	ntribute to	the cause of death
8 de 55	by Ph							10	Y 20 No	3 Prot	pably 4 ☐ Unknow
as been signed to should be det	Completed								en eutopsy rmed?	eve	ere autopsy findings alleble prior to mpletion of cause death?
ate h	Com							10	res 2 No		Yas 2 No
certificate rector, pag	Be	25. Wes case referred to medical examiner?	la a= it = 1.			100		eth (Check only o			
this of all dir	- To	1 ☐ Yes 2 ☐ No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	ospitel: 1 Inpatient			□ DOA Oth	4 LA Nursing H	loma 5 Resid			1)
efter death. Director: After this certific. In by the funeral director,	Certification:	1 Naturel 5 Pending Investigation	28a. Data of Injury (Month, Day	Year) 28b. Tir		28c. Injur Wor 1 🔲	y et k? Yes 2 □ No	28d. Describe I	now Injury occur	red	
F F F		3 ☐ Sulcide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Plece of Injury building, etc.		n, street, f	actory, office		28f. Location (S City or Tox		ber or Rure	l Route Number,
within 24 hours To the Funeral completely filled	edical	29a. Certifier (Check only one)	Ician: To the best of ier: On the basis of e and menner state	xaminetion end/	deeth occi or Investig	urred et the tin gation, in my o	ne, dete end plece plnion, deeth occu	, end due to the rred et the time,	ceuse(s) end modete and place,	enner es st end due to	eted. the ceuse(s)
withir To th		29b. Signeture end title of certifier				29c. Licans			29d. Date signe		
.15			elcern n				2518		JUN	F 2	1, 1996
		30. Neme end eddress of person who con Gul Chablani, M.					1.				
Sta		31. Dete filed (Month, pay, Year) 100		ROCKV	P	Pike	Rockvi	lle, M	d. 20	852	
			A TOTAL		-TULL	10					



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremoral.
IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN	E					
	1. OECEDENT'S NAME (First, Middle, Last)			0.		2. OATE OF OEATH		3. TIME OF DEATH				
	CLARENCI	E R.	POOLE,	JR.		June 26,		8:40 P.M				
	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign				
	204-22-0180 1 9e. FACILITY NAME (If not institution, give street		56 YRS. MO	June 29, 1	9, 1929 Pennsylvania							
OR	Home- 4454 Beechwoo	,	96		ield, M		9c. COUNTY OF Somers					
رخ	RESIDENCE OF DECEDENT											
DIRECTOR	Maryland Somers	set		OWN OR LOCATI				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER 4454 Beechwood Place	ce			10g. CITIZEN OF WHAT COUNTRY? U.S.A.							
S	11. MARITAL STATUS 12	. WAS DECEDENT EVER II		13. WAS DECE	NDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No 14, RAC	E — American Indien,				
BY F	1 Never Married 2 X Merried 3 Wildowed 4 Divorced	FORCES? 1 YES			city Cuban, Mexica 2 A NO Specify	n, Puerto Rican, etc.)	Blac	ok, white, etc.				
	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION	18a. DECEDENT'S USI	JAL OCCUPATIO	N	16b. KIND OF BUS						
COMPLETED		College (1-4 or 5+)	(Give kind of work life. Do NOT use re	tired.)	t or working	Excavat	ing Co.					
M	17. FATHER'S NAME (First, Middle, Last)		CO-OWIGI		40 1407115010 144							
	Clarence R. Poole					ME (First, Middle, Maiden : A. Harden	Sumame)					
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street at			State Zin Code					
2	Myrtle B. Poole (Wi	ife)	1			Poute Number, City or Town, State, Zip Code) - Crisfield, MD 21817						
	20s. METHOD OF DISPOSITION 1 X Burisl 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery cremetery cremetery cremeters cremetery cremeters cremeter cremeters cremeter cremeters cremeters cremeter											
	4 Donation 5 Other (Specify)	M	t. Hope Ce	metery			ston, PA					
	21. SIGNATURE OF FUNERAL SERVICE LICEN	/ / //			DADDRESS OF FA	ns Funeral	Home					
	Robert H. Brads		eurp.	306 W.	Main St	t Crisfie	eld, MD	21817				
	23. PART I. Enter the diseasea, or com ahock, or heart tallure. Lief	plicetions that ceused t only one ceuse on e	the death. Do not ach line.	enter the mod	le ot dying, auci	n as cerdiec or respi	ratory erreat,	Approximate Interval Between				
	IMMEDIATE CAUSE (Finel											
	disease or condition reculting in deeth) e. LWNG CANCER DUE TO GRAS A CONSEQUENCE OF:											
z												
임	Sequentielly list conditions, It any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):											
2	CAUSE (Disease or Injury	DUE TO (OD AS A	CONSEQUENCE OF):									
CERTIFICATION	thet initiated evente resulting in deeth) LAST	DOE TO (ON AS A	CONSEQUENCE OF):					i				
	DART II. Other electricant and distance											
CAL	PART II. Other eigniticent conditions c		ut not resulting in t	he underlying	ceuee given in	Pert I. 24s. WAS AN. PERFOR		MAILABLE PRIOR TO				
PHYSICIAN: MEDIC	CAROLINA CHA	var C		. 0 -	0.77/	1 🗆 YES 2	NO NO	OF DEATH?				
Σ	DID TOBACCO USE CONTRIB	LITE TO CAUSE O	E DEATH YES	DE NO D	UNCERTAIN			1 TYES 2 NO				
IAN	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (ONCERIAII	4 []						
Sic		OSPITAL:	etlant 3 DOA 4	THER: Nursing Home	5 M Residence	8 Other (Specify)						
E	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		IRY AT	28d. DESCRIBE HOW IN	JURY OCCURED					
ВУ	1 Netural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO							
COMPLETED	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, stree ify)	t, fectory, office		26f. LOCATION (Street and Number or Rural Floute Number, City or Town, State)						
PLE	29a. CERTIFIER (Check only	Y: To the best of my know	edge, death occurred a	t the time, date :	and place, and due	to the cause(a) and men	ner as stated.					
₩ O	one) 2 MEDICAL EXAMINER: 0							a) and menner ee stated.				
BE C	296. SIGNATURE AND TITLE OF CERTIFIER			T	29c. LICENSE NUM	IBER	29d. DATE SIGNE	(Month, Day, Year)				
10 B	ma		mp		1)39	813	· 6/-	27/96				
	30. NAME AND ADDRESS OF PERSON WHO CO		, , , , , ,	,	Calick	NINEW MID O	21801	T.				
	Michael Atkins, N		_	DITAG	- Salisi	oury, MD 2	.1001					
	JUL 01 1996 July a	22. REGISTRAS'S SIEN	Zone									

Age of the second secon

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

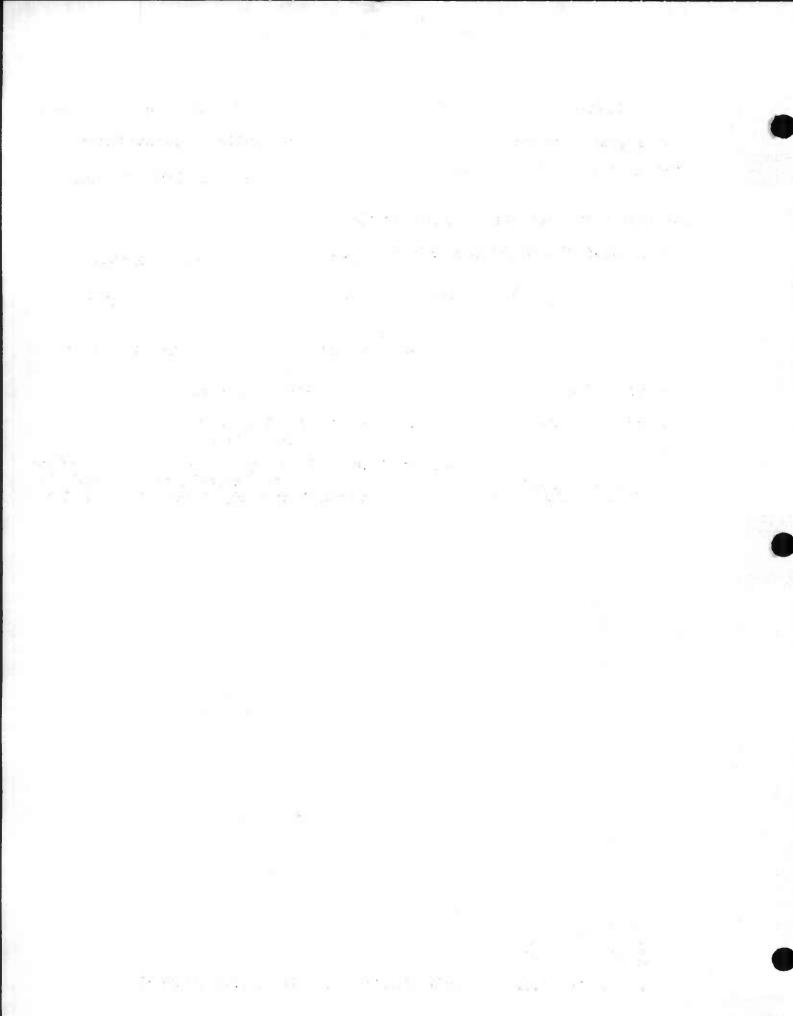
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN						
9	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEAT	н			
	BERNICE		PARKS			JÜLY 2°	1996	3:00	Ам			
				F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Coun		reign			
	9e. FACILITY NAME (If not institution, give stre		09	Bb. CITY. TOWN O	R LOCATION OF DE	12/14/19	926 MA	RYLAND				
OR	BERLIN NURSING HOM		VORCESTER									
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY	BERLIN TOWN OR LOCATI	ON		/ MOHOLO I					
	MARYLAND SOMER	SET		STOVER	546			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	10a. STREET AND NUMBER			10g. CITIZEN OF	WHAT COUNTRY?							
N.	26878 FAIRMOUNT RO				21871			S.				
	1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe	cify Cuben, Mexical	IC ORIGIN? (Specify Year, Puerto Rican, etc.)	Blac	E — American India ck, White, etc.	n,			
ВУ	3 Wildowed 4 Divorced	ii ies, are man on or		I TES	2 NO Specify		Spec	WHITE				
Ī	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done during mos	N t of working	16b. KIND OF BU	SINESS/INDUSTRY					
1	Elementary/Secondary (0-12)	College (1-4 or 5+)	PAPER RO		RTER	NEWSPAF	DED					
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		TAN EIT 110	OIL CAIL		ME (First, Middle, Maiden						
BE	PHILIP MEREDITH				LOUISE							
힏	19e. INFORMANT'S NAME (Type/Print)					Noute Number, City or Tow						
	MITCHELL PARKS/SON 200. METHOD OF DISPOSITION				NT ROAD,							
	20b. PLACE AND DATE OF DISPOSITION 1 B Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) FAIRMOUNT CEMETERY 7/4 FAIRMOUNT											
	21. SIGNATURE OF PUNERAL SERVICE LICES	NSEE		22. NAME AND	ADDRESS OF FAC	CILITY	.11100141.	TID.				
	Januar XV	unu	400295	11673 9	N FUNERA SOMERSET A	VE PRINCES	S ANNE MO	21853				
z	2. Part 1. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arrest, ehock, or heert failure. List only one cause on each line. Approximate interval Between Onset and Death disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. ULPHRU AA TURIO 3 SULVIO 13 13 DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.											
A P	PART II. Other eignificent conditions	contributing to deeth be		the underlying	cause given in i	Part I. 24s. WAS AN		. WERE AUTOPSY FIN				
MEDIC	- Jung	- 72	1	1 1/1	7	1 YES 2	X NO	COMPLETION DF CA OF DEATH?				
Σ	DID TORACCO LISE CONTRI	BUTE TO CAUSE O	E DEATH VEC		LINICEDTAIN	74	ŀ	1 TES 2 X N	0			
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
/SIC		HOSPITAL: Inpatient 2 ER/Outpi	Itlent 3 DOA 4	THER: X Nursing Nome	5 - Residence	B Other (Specify)						
	27. MANNER OF DEATH 1 X Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WOR	IC?	28d. DESCRIBE NOW I	NJURY OCCURED					
B≼	2 Accident Investigation	28e. PLACE OF INJURY	At home form atom		\$ 2 NO	***************************************		·				
9	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Speci	/y)	et, ractory, omica		28f. LOCATION (Street e City or Town, Stete)	and Number or Rural	Route Number,				
COMPLETED	29a. CERTIFIER (Check only 1 X CERTIFYING PHYSICIA	AN: To the beet of my knowle	edge, death occurred	at the time, date a	ind place, and due t	to the causele) and man	ner se stated					
₩ O		On the basis of examination						e) end menner se sta	rted.			
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			(Month, Day, Year)				
10 8	1200	m	7		D02026		▶ 7-	296				
	30. NAME AND ADDRESS OF PERSON WHO C			,	RERITM	MD 2181	1	,				
		A MINISTRUMS SICK		TIME	DIMBIN	110 2101	_					

State of Maryland / Department of Health and Mental Hygiene 96

							Cei	rtificate	of	Death			Reg. No				0 1 0
	Dhuois	ion	1. Decedent's Name (Fire	t, Middle, L	ast)							2. Dete of D	eeth	v	Year	3. Tin	ne of Deeth
	Physic /Medi		Char	les	E	Qui	nn					June	29,19	996	1.001	4:	20AM
<u>)</u>	Exami		4a. Fecility Neme (If not I			ımbər)			- 1			ocation of Dea			of Death		
			Collington		Care					Mitch		ville	Pi	rinc	e Geo	orge	^t s
	Funeral		5. Social Security Number 578-03-1184		Sex 1DXM 2□ F	7. Aga (In yrs. In 80		If Under 1 Months	Year Day <i>s</i>		24 Hrs. Min.	8. Dete of B (Month, D	irth ay, Year)		9. Birthp	elece (State)	ate or Foreig
	Director				13X.111 2.01	00	Yrs.					Oct 23			Mary	land	
and	ž		Usual Rasidance of Dece 10a. Stete 10b.	County		10c. City	, Town or Lo	cation						-	1	Od Insid	le City Limits
Aary	Taho	0	Maryland Pr	inceG	eorge's		chell								,		Yes 212 No
the	28a-	ect	10e. Street end Number		00190 0			10f. Zip C	ode			10g. Citizen of What Country?					21
with	P S	0	10450 Lotts	ford	Road Co	ttage No	.3105										
72 hours efter death with the Maryland	ral", or items 23a or 28a-f ahow Examiner must be notitied at	Funeral Director	11. Maritel Status		12. Wes Dec	edent Evar in U.S		207 Was Decede		Hispanic Orl	loin? (Sp	ecify Yas or N			State:		n.
fter	e a	F	1 Never Married	☐ Married	Armed F	orces? 2□No 194	3	4.4				ecity Yas or N Rican, atc.)		Bla	ck, White,	etc.	
e sun	o la	þ	3 Widowed 4 □ E		If Yes, G Year or I	ive 10/	6	1□ Yes X	ZNo.	Specify:				Specif	w Whi	te	
2 ho	"netural",		15. E	ecedent's E	ducation		16e. Deced	dent's Usuel	Occup	petion			16b. K	Ind of B	usiness/inc	dustry	
- 5	C 18	Completed	(Specify on Elementery/Secondary		ade completed, College	1-4or 5+)		kind of work DO NOT use			it of work	ding					
M P	giene.	TO.	8th	(5 12)			Mode	el Mak	er,	/			U.	s. c	Govern	nmen	t
d 2 should be filed	of the	Be (17. Fether's Nema (First,	Middle, Las	t)					18. Mothe	ar's Nam	e (First, Middle	e, Me <i>ide</i> n	Sumen	ne)		
should	and Mental Hygie I marked other t umatic event, th	To	John E. Qu	inn			.,			Lilli	ian S	S. Spar	ks				
2 sho	is m		19e. Informent's Name/F	eletionship	(Type, Print)							rai Routa Num			Stete, Zip	Code)	
C *	of Heelth end Men Hem 27 is marke other traumatic		Charles I	. Qui	nn							nd, Mar	ylan	d			
60	0 -		20e. Method of Disposition XXI Burial 2 □ Cre		Demoval from	20b. Pl	ace of Dispo	sition (Neme	of er ple	_{ice)} Jul	Ly 3.	, 1 1 1 1 1 1 1 1 1 1	20c. Lo	ocation -	City or To	wn, Stat	18
permit. Pages 1 a	Department of Important: If any Injury or poce.		4 Donetion 5 0				yland	Veter	ans	s Ceme	eter	V	Che	lter	nham,	Mar	yland
E it	Departmen Important: any Injury ance.		21. Signeture of Funeral	Service Lice	nage /	/						Funera					old
8.0	2 5 8		1/10	UL	the	(A.	lexand	ria	a Ferr	y Ro	oad, Cl	into	n, N	Maryla	and	20735
4	-		23a. Peri 1. Enter tha dis shock, or heart feilu	ese, or con	plications that	caused the deeth	. Do not ent	er tha mode	of dyl	ng, such es	cardiac	or respiretory	errest,			Approx	lmate
Phy	ysician		SHOCK, OF HEEL TELL	ie. List Oili)	one cause on	BECT IIIE.									1	Onset 6	Between and Deeth
//\	Medical		Immediete Cause (Finel disease or condition		Pm	eumonia	1								1		
Ex	aminer		rasulting in deeth)		θ	Due to (or	as e consec	iuence of):							-		
	-	ner			S	epsis		, , .									
cute	nd	Examiner	Sequentially list conditions, if any, leading to Immediata cause. Enter Underlying Ceuse (Disease or Injury that initiated evants Due to (or as a consequence of): Due to (or as a consequence of):														
6 6	lan e	ŭ															
entificete be executed	ettending physician end for use es the buriel-transit	Medical	Cause (Disease or Injury that initiated evants resulting in death) Last Dua fo (or as a consequence of):											-			
riffice	d bu	Ne Ne	1030ttaig al doutily Last												1		
0	signed by the ettendin d be deteched for use				d												
. 8	te et ed fo	Physician	Pert II. Other significant	onditions	contributing to d	eath but not rasu	Iting in the u	nderlying cau	se gi	ven in Pert I	1.	23b. Dic	I tobacco	uss co	ntribute to	the cau	use of death
et the	by the	Phy	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Perificult biscular Disease							10	Yes 2	No	3 Prol	bably	4 Unknov		
es th	be d	þ	12001.00	une	M. ro.									,			
aquir	been si	Completed										24e. We	s en eutop	psy	ev	eileble pi	
aw F	S CA	ple													of	mpletion death?	of cause
The law	page	FO.										1 🗆	Yes 2	ZNo	10	Yes	2 No
	is certificate he director, page	Be (25. Wes cese referred to examiner?	medical						26. Place	of Deat	th (Check only	one)				
Physician:		70	1 Yes 2 Yo		Hospital: 1	Inpatient 2 E	R/Outpatler	t 3 DOA	Oth	her: 4K Nu	ursing Ho	ome 5 Res	idence	6 □Oth	ner (Specif	y)	
	ter th		27. Mennar of Deeth	Pending	28e. Dete	of injury	28b. Time of Injury	280	. Inju	ry at		28d. Describe	how injur	ry occur	red		
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or Attending	enter death. Director: A I in by the fu	E I	3 ☐ Sulcida 6 ☐ 4 ☐ HomicIde	Could not be determined	20a. Pieci	a of Injury - At hor ing, etc. (Spacify)	me, ferm, str	aet, factory, o	ffice			28f. Location	(Street en	d Numb	ber or Rura	/ Route	Number,
tel or	ed in	S												,			
To the Hospital of	within 24 hours effer death. To the Funeral Director: Affer th completely filled in by the funeral	edical	29a. Certifler 1時(Check only 2日)	ertifying Pi	nyaician: To the	best of my know asis of exemineti	riedge, deeth	occurred at	the th	me, dete en	d plece,	end due to the	date end	and me	ennar as si	teted.	sea/e)
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						se of death (Item					0 07	2	W2 00	7725			
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DHMH 16 Rev 6/95



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State of Maryland / Depart

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tificate of Death	Bea No	1	O	-	U	U	4	

					Cei	tificate of	Death	7		Reg. No.		2004	
Dhysisi	200	1. Decedent's Nama (First, Middla,	ast)						2. Date of Da Month	aath Day	Year	3. Time of Deat	
Physicia /Medic		Noreen	A	Ro	wzee				June	29	1996	DPM	
Examin		4e. Fecility Nama (If not Institution, s	iva street end num	ber)			4b. City, T	own, or Lo	cation of Deet	h 4c. Cour	ty of Death		
		1026 D Spa Roa	d					napol	lis	Anne	e Arun	del	
Funeral		5. Social Security Number 6	Sex 7 1 ☐ M 2 ☑ F	. Aga (In yrs. last		If Under 1 Yee Months Days		r 24 Ĥrs. Min.	8. Data of Bi	rth ay, Year)	9. Birthp	laca (Stata or For	
Director		262-28-4372	IUM ZWF	84	Yrs.				May 18			land	
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within 72 hours effer death with the Merylend ene. Han "neturel", or frems 23a or 28a-f show ha Medical Examinat must be notified at	Director		runder		Aima	•						**	
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J Me	P	Walter W. Great							Alice W				
4 2 2		19a. Intormant's Name/Ralationship				Addrass (Stree							
ment of Health ant: If Itam 27 I ury or other tra		Diane L. Garris	on-Daugnt		1026		Road	Ann	-	Maryl			
5= 0		20a. Method of Disposition 1 Burial 2 Crametion 3 Ramoval from 5 Metropolitan Crematory 7/ 4 Donation 5 Othar (Specify)							Data 20c. Location - City or Town, Steta 2/96 Alexandria, Virgi				
tant		4 □ Donation 5 □ Othar (Spe		Metro	-		-	1	2/96			_	
Department Important: If any Injury or once.	(21. Sonetura of Funeral Service Irio	ensee	/	22	. Nama and Addi	ress of Feci	lity John	n M. Ta	ylor F	uneral	Home, I	
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ortor: After by the fune	fica	3 ☐ Suicida 6 ☐ Could not	be an Disco	ot Injury - At homa,	farm str				28t. Location	Straat and Nu	mber or Rura	l Route Number,	
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within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director,	edicai	(Check only one)	hysician: To the baseminer: On the baseminer	is of axamination	end/or inv	rastigation, in my	opinion, da	ath occurr	ed at tha tima,	data and plac	mannar as st e, and dua to	tha cause(s)	
thin the	Me	29b. Signature end little of certifiar	end menna	ir stated.		29c Licer	nsa number			29d. Data sig	ned /Month	Day Year)	
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-	1		سالا			W Y	646	<		July 1	, 1330	,	
	-	30. Nama and address of person wh		•		•							
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State of Maryland / Department of Health and Mental Hygiene 96 20642

						Certificate	of Dear	th		Reg. No.		-007	3 6-
	Discorto		1. Decedeni's Nama (First, Middla, La	st)					2. Data of De		Vaar	3. Tima of	Death
	Physic /Medi		Kenneth Samue	el Russell	L				June 2	26, Day 1996	Yaar	07:15	a.m.
	Exami		4a. Facility Nama (If not institution, giv	a street and number)			4b. City,	Town, or Loc	ation of Death	4c. County	of Death		
			Frederick Memo	rial Hospi	tal		Fn	ederic	k	Fre	ederi	cb	
	Funeral		5. Social Security Number 6. S	Sex 7. Age	a (In yrs. last b	irthday) If Undar 1 Months D	ays Hou	der 24 Hrs.	8. Data of Birt	h Vaarl		lace (Stata or	r Foraign
	Director		236-03-0565	XXM 2□F 78		Yrs.	ays riou	S WIII.	8. Data of Birt (Month, Da July 2	4, 1917	Vir	ginia	
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	or 28a-f	ct	Maryland Frederi	ck	Freder							1 🗆 Yas	KIXINO
	ith to	Directo	10e. Streat and Number			10f. Zip Co				10g. Citizan of V	Vhat Coun	try?	
	eth w	Funeral	6119 Bartonsvi				704			United	Stat	es	
	items inser m	nu	11. Marital Status	12. Was Decedant E Armed Forcas?		13. Was Daceden if Yas, specify	of Hispanic Cuban, Maxi	Origin? (Spec can, Puarto F	cify Yas or No- lican, atc.)	- 14. Raci Biad	e - Amaric k, Whita,		
20	s efter	by F	1 Nevar Married 2 Married	1V Yas 2 □ N If Yes, Giva	lo	1 □ Yas 2 🗓	No Spec	ity:		Specify	. Whi	to	
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	leal leal m 2		Helen Virginia Ru 20a. Method of Disposition	ssell, wis	20h Piace	119 Barto	nsvill	е коаа	Data	eruck, N 20c. Location -			21704
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Baltimore,	pemit. Page Department of Important: If eny injury or		21 Signature of Funeral Service Code	000		22. Nama and A	ddrass of Fa	cilityStau	ffer Fi	uneral t	lomes	, P.A.	
_	00200		Many d.	75	2-	1621 Opo.				•	MD	21702	
в		1	28a. Part1. Enter the disease, or com shock, or head failure. List only	plications that caused one cause on each lin	tha death. Do	not antar tha moda o	dylng, such	as cardiac or	raspiratory ar	rest,		Approximata Intarvai Bety	a ween
V	Physician		/ /	0	IP						į	Onset and D	Death
и	/Medical Examiner		immediata Causa (Final disaasa or condition	Lega	The	umones	-					IWE	ek
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Bo	aath ce attend I for us	Physician											
0	the s	ysic	Part li. Other significant conditions of	ontributing to death bu	t not resulting	n tha undariying caus	a giyan in Pa	irt i.	23b. Dld t	obacco use cor	ntribute to	the cause o	of death?
<u>a</u>	that the de sed by the detached		Chronic Ob	structive	Jul	money	Dise	rae	1,2	Yss 2 No	3 Prot	bebly 4 🗆 l	Unknown
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		ü	27. Manner of Death 1. ■ Natural 5 □ Panding	28a. Date of Injun (Month, Day		Tima of 28c.	Injury at Work?	2	8d. Dascribe I	now Injury occurr	ed		
.0	Attending r deeth. ector: Attei by the fune	ati	2 ☐ Accident invastigation			М	1 ☐ Yas 2	□No					
Division		Certification:	3 ☐ Sulcida 6 ☐ Could not be datarmined	28e. Placa of Inju building, atc.	ry - At homa, fa	arm, streat, lactory, o	fice	2	Bf. Location (5 City or Tox	Street and Numb	er or Rura	l Routa Numi	ber,
	rs after or led in	Ce			(,,			
	To the Hospital or within 24 hours after To the Funerel Dirth completely filled in	edicai	29a. Certifier 12 Certifying Ph	ysician: To the best of	f my knowladge	a, death occurred at t	na tima, deta	and place, at	nd due to the	cause(s) end me	nner as st	ated.	
	the H	P	Gie	and mannar stat	led.				o at the time,	uata anu piace, i	Ind dua to	una Gausa(s)	
	To the within: To the comple	Σ	29b. Signatura and title of certifiar	7/1	0-	29c. L	cansa numbe	or		29d Data signa	1 (Month, I	Day, Year)	
			, Alle J	Wign	ND	D	16	546		JUNE	26	190	16
			30 Name and eddress of person who	completed causa of da	ath (Itam 23a)	(Typa, PrInt)	175	-7	71	/ 11	L /	20-	. ^
			HIEN V-	(91/SON	M) /(1 7)		MNK.	/ /	E F	KED	M)
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DHMH 16 Rev 6/95

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601 North

31. DATE FILED (Month, Day, Year) 1996

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WOLFE ST.

32. REGISTRAR'S SIGNATURE PORTALE

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BALTIMORE, MARYLAND 21215-0020

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DONNA. J. ROWLAND DUNE 12:05 PM " 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs. last birthday) 6. BIRTHPLACE (State or Foreign JF UNDER 1 YEAR IF UNDER 24 HRS. 220-34-0919 1 M 2 FF 58 DAYS HOURS West Oct Vinginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Frederick Brunswick YEXYES 2 NO FUNERAL 101. ZIP CODE 21716 10g. CITIZEN OF WHAT COUNTRY? 29 East "D" Street 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yea, specify Cuban, Mexican, Puerio Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married FORCES? 1 YES 2 NO 1 YES 2 NO Specify. BY White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) College (1-4 or 5+) 12 Scott Key Center Aide 17. FATHER'S NAME (First, Middle, Last) Ruth Bovey Mary Ħ Bennand White Roudabousch BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of Pural Payre Number, City of Town, State, Zip Gode) 21758 2 Bruce D. Rowland Pe 20a. METHOD OF DISPOSITION 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must tery, crematory or other place)
osedale Cemetery 6/26 Mantinsburg WV Donation 6 - Other (Specify) _ examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Williams Funeral Home WILLiams, Barbara A. Owner 100 Petersville Rd Brunswick MD 21716 MOUNTA TO TOP BOY MEDICAL PARISHED AN MEDICAL PARISHED AN MEDICAL PARISHED AN MEDICAL PARISHED AN MEDICAL PARISHED AN MEDICAL PARISHED AN MEDICAL PARISHED AN MEDICAL PARISHED AN MEDICAL PARISHED AN MEDICAL PARISHED AN MEDICAL PARISHED AN MEDICAL PARISHED AND ME medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate shock, or heart feliure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death 幸 MASSIVE HEMORRHAGE disease or condition resulting in death) 2 has event, DUE TO (OR AS A CONSEQUENCE OF): 2 hes HEPATIC VEIN INJUACE traumatic CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate NECROTIC LIVER cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initisted events 2 wk resulting in deeth) LAST LIVER ABCESS 6 Injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS COMMON BILE DUCT INJURY PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE any 1 YES 2 NO OF DEATH? Shows 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO INCERTAIN I 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? HOSPITAL:
1 I inpatient 2 ER/Outpatient 3 DOA OTHER: 4 - Nursing Home 5 - Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY
Month, Day, Year)
JUNE 23, 1996 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Negural TO THE HOSPITAL OR ATTENDING PHY
TO THE FUNERAL DIRECTOR: After this
be filed within 72 hours after death wit
IMPORTANT: If Item 28 is marke REPATIC VEIN INJUST 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
601 North Wolff ST 28a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify)

OPERATING ROS 3 Suicide COMPLETED 6 Could not be 4 Homicide determined ROOM 29a. CERTIFIER

Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, nor an stated, BALTIMOAS occurred at the time, data and place, and due to the cause(s) 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE I Kaleel MD

N1257

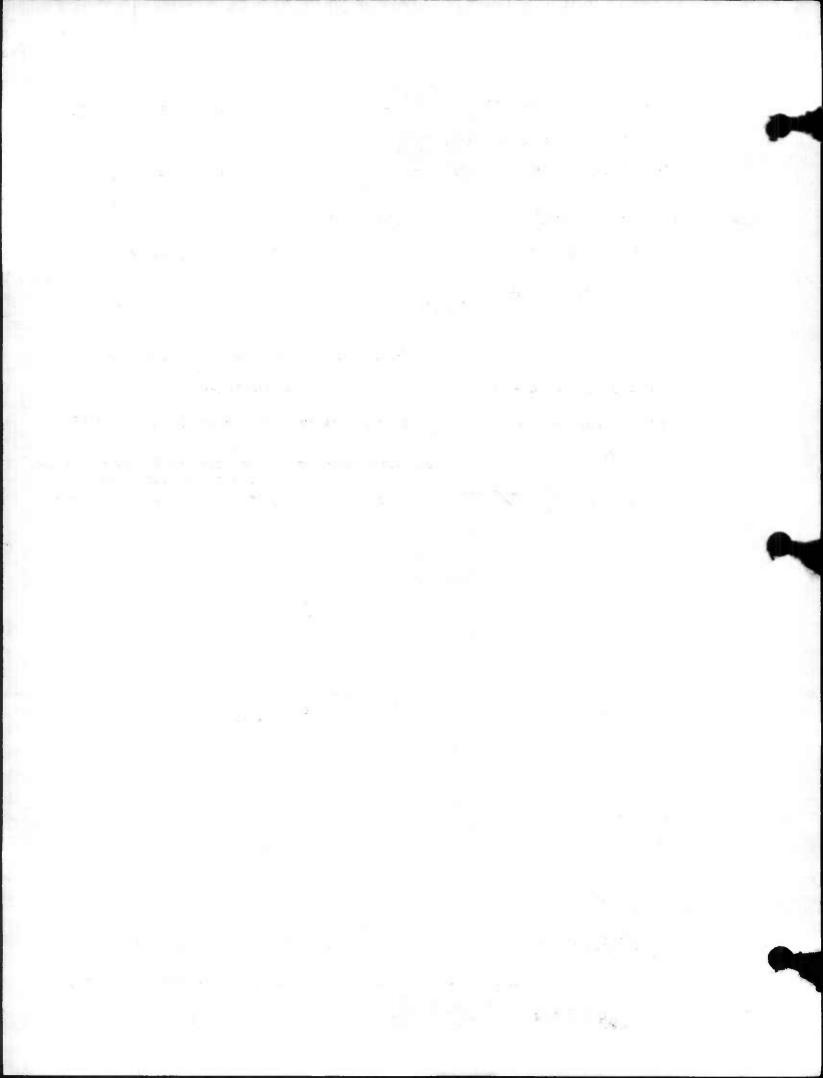
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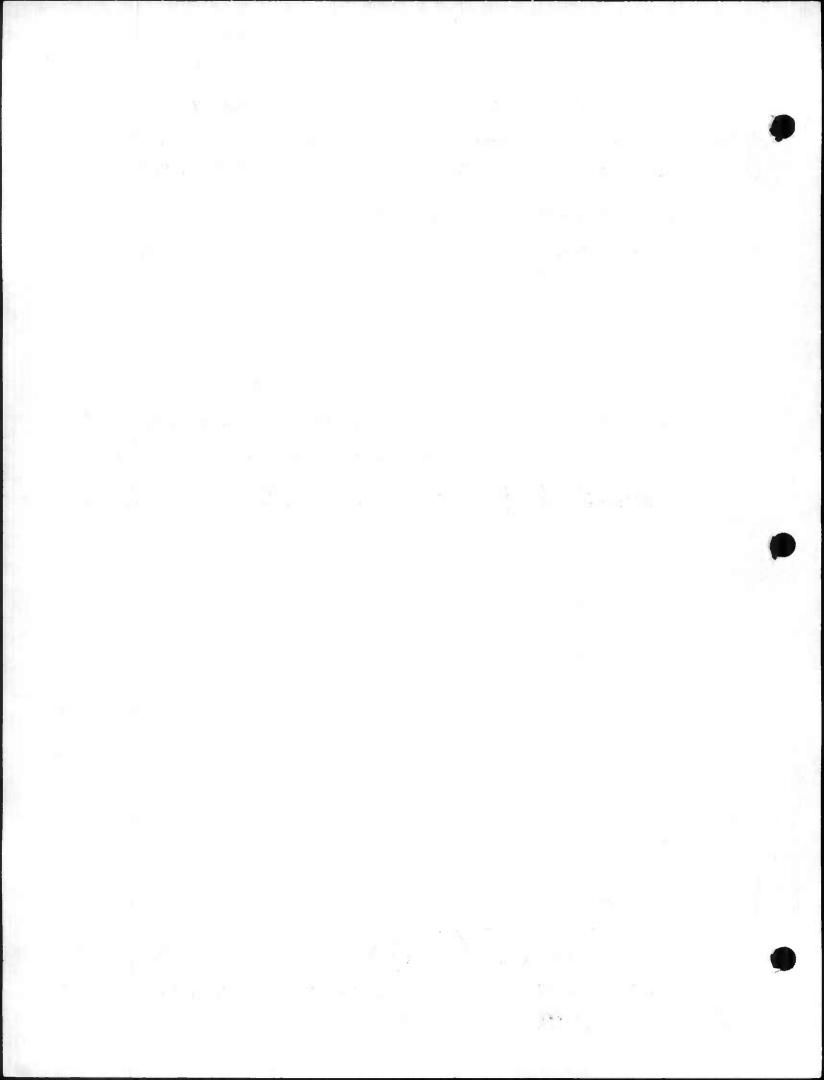
						Certificat	te of	Death		Reg. No.			
	Physic /Medi		Dacadant's Nama (First, Middla, La DAVID	DALTON	RU	SHING			2. Data of Month	Daath Day	Yaar 1996	3. Time of Death 7:30 am	
	Exami		4a. Facility Nama (If not institution, giv FREDBRICK M		HOSPITA	<u>_</u>		FREDE	or Location of D	eath 4c. Co	ounty of Death		
	Funeral Director	T	0201	ax 7. Aga M 2□F	7 (In yrs. last bin	Yrs. If Unda Months	r 1 Yaar Days		Hrs. 8. Data of (Month)	Birth Day, Year) 22 24	9. Birthp Cour ALC	placa (Stata or Foreign http) LDAMA	
	Bud *		Usual Rasidance of Dacedant 10a. Stata 10b. County		10c. City, Town	or Location					1	10d. Inside City Limits	
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	Physician /Medical Examiner	Examiner	23a. Pant Print the disaasa, or composed for heart tailura. List only tempediata Causa (Final disaasa or condition rasulting in death)	a. Myac b. Hemo	pardial Dua to (or as a co	infau consequence of) adjum	ctra	n	mpma			Approximata Interval Between Onsat and Daeth 15 Minukes One week	
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State of Maryland / Department of Health and Mental Hygiene 96 20645

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	Exami		4e. Fecility Neme (If not institu Homewood Ret							4b. City, To			Fred	erick	ζ	
	Funeral Director	4	5. Sociel Security Number 532-07-6951 Usual Residence of Decedent	6. Sex	M 2□F	7. Age (In 78	yrs. last birthday Yrs.	If Under Months	1 Year Deys		24 Hrs. Min.	8. Dete of Bir July 2	th 1917	9. Birthr Wasi	iling	ate o <i>r Foreig</i> n ton
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HOSPITAL DRACTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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State of Maryland / Department of Health and Mental Hygiene Q C

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	Funeral Director		217-10-1407		ga (in yrs. 94	last birthday, Yrs.	Months Months	er 1 Yaar Days	If Under 24 Hrs. Hours Min.	8. Data of Birth Month, Day Apr 3,	1902	9. Birthple Countr MD	ca (State	e or Foreign
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	ra 2	era	11. Marital Status	12 Wee Deceden	t Evar in U	J.S. 13.				necity Yes or No-		e - America	n Indien	
020	be filed within 72 hours after deeth with the Maryland tiel Hygiene. Id other than "natural", or items 23a or 28a-f show event, the Medical Example must be notified at	by Funeral Director	1 □ Navar Married 2 □ Married Multiple Married 2 □ Married	Armed Forces	? No		If Yas, sp 1 ☐ Yas		tispanic Origin? (S en, Maxican, Puart Specify:	o Rican, etc.)		ck, Whita, at		
0	2 ho	Đ.	15. Decedant'a	Education		16a. Dece	dant's Us	ual Occup	pation		16b. Kind of B			
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a	0 0 0	,	19a. Informant's Name/Ralationship						and Number or Ru		, City or Town,	State, Zip C	Code)	
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Baitimore,	permit. Pages 1 and Department of Health important: If Item 27 any injury or other to		21. Signature of Funaral Sarvica Lice	ensee Aca	nll	// . 2	2. Name e Scal	nd Addre	ss of Facility i Funera ind, MD	1 Home 21502				
	-		23a. Part1. Enter the disease, or co	mplications that cause	e dea	th. Do not an					est,		Approxim	ata
	Physician /Medical Examiner		shock or heart failure. List onl Immediate Cause (Final diseese or condition resulting in death)	Metast		Cancer	of	Uteri	us				ntarval B Onsat an Yea	d Death
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0	Attending ir deeth. ector: After by the fune	atic	2 Accident Investigati	on	,,	,,	М		Yas 2 □ No					
DIVISION	ai or Attending Physic efter deeth. i Director: After this ed in by the funeral d	Certification:	3 Suicida 8 Could not 4 Homicida datermine				reet, facto	ry, office		28f. Location (St City or Town	reet and Numb , Stata)	er or Rural	Routa No	mber,
	To the Hospital or Att within 24 hours efter of To the Funeral Direct completely filled in by	edical	29a. Cartifiar (Check only one) Certifying P	hyeiclan: To the best miner: On the basis of and manners	of axamina	owledga, daat ation and/or in	h occurred vastigatio	d et tha tin n, in my o	na, data and place pinion, daath occu	, and dua to tha corred at the time, d	ause(s) end ma ata and place,	annar as ste and dua to t	ted. ha causa	a(s)
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State of Maryland / Department of Health and Mental Hygiene 20648 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Deeth **Physician** Month Dey Year PAUL MARTIN RAYBURN June 25, 1996 6:30 PM /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Memorial Hospital Cumberland Allegany If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 6. Sex 1Å M 2□ F 7. Aga (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** 86 Yrs. Director 214-05-9648 July 18,1909 WEST Usual Residence of Decedent with the Merylend 10a. State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at 10d. Inside City Limits 1 Yas 2 1 No Director ALLEGANY CUMBERLAND 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? 1086 BRADDOCK ROAD 21502 U.S.A. Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Giva Year or Dates: Was Decedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, atc. permit. Peges 1 and 2 should be filed within 72 hours effer c Department of Health and Mental Hygiena. Important: if item 27 ia marked other than "natural", or item any injury or other traumatic event, the Medical Examinations. 1 □ Nevar Married 2 N Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: b Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry KELLY SPRINGFIELD Elementary/Secondary (0-12) College (1-4or 5+) UNKNOWN STAFF DEVELOPER TIRE COMPANY 17. Father's Nema (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) WOODROW RAYBURN ANNA McCUTCHEAN 19e. Informent'e Neme/Raletlonship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) ETHEL RAYBURN 1086 BRADDOCK ROAD-CUMBERLAND, MD 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) CUMBERLAND, CUMBERLAND CREMATORY 21. Signeture of Funerel Service Licenses 22. Neme and Addrass of Facility GEORGE-UPCHURCH FUNERAL HOME, P.A. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approx. Approximata Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel diseese or condition resulting In death) a. PNEUMONIA 5 days Examiner Due to (or es e consequence of): MYELODYSPLASTIC SYNDROME 3 months -transk Hospital or Attending Physician: The law requires that the death certificate be executed Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest end Due to (or es e consequence of) physician er P.O. Box 68760, Physician/Medical Dua to (or as e consaquanca of): for use es been signed by the should be detached Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 9 No 3 Probably 4 Unknown Records, à Completed 24b. Were autopsy findings aveileble prior to completion of cause of deeth? 24e. Wes an autopsy performed? page 2 s et No 1 ☐ Yes 1 ☐ Yes 2 ☐ No certificate Division of Vital director. Be 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) SILINO Certification: To 1 Yes Minpatient 2 ER/Outpatient 3 DOA this 28a. Date of tnjury (Month, Dey Year) funeral 27. Manner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? After 5 Pending Investigation deeth. 1 ☐ Yes 2 ☐ No 2 Accident neral Director: / 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) To the Hospital or Att within 24 hours after of To the Funeral Direct completaly filled in by 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and place, and due to the ceuse(s) end mennar as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end dua to the cause(s) 29a. Certifier Medical 29b. Signature and titla of certifier 29c. Licensa number 29d. Data signed (Month. Dav. Year) Jun mo 1996 D 25406 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

Dr. William Lamm, 47 Virginia Ave., Cumberland, MD

32 Registrer's Signeture

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31. Data filed (Month, Dey, Year)

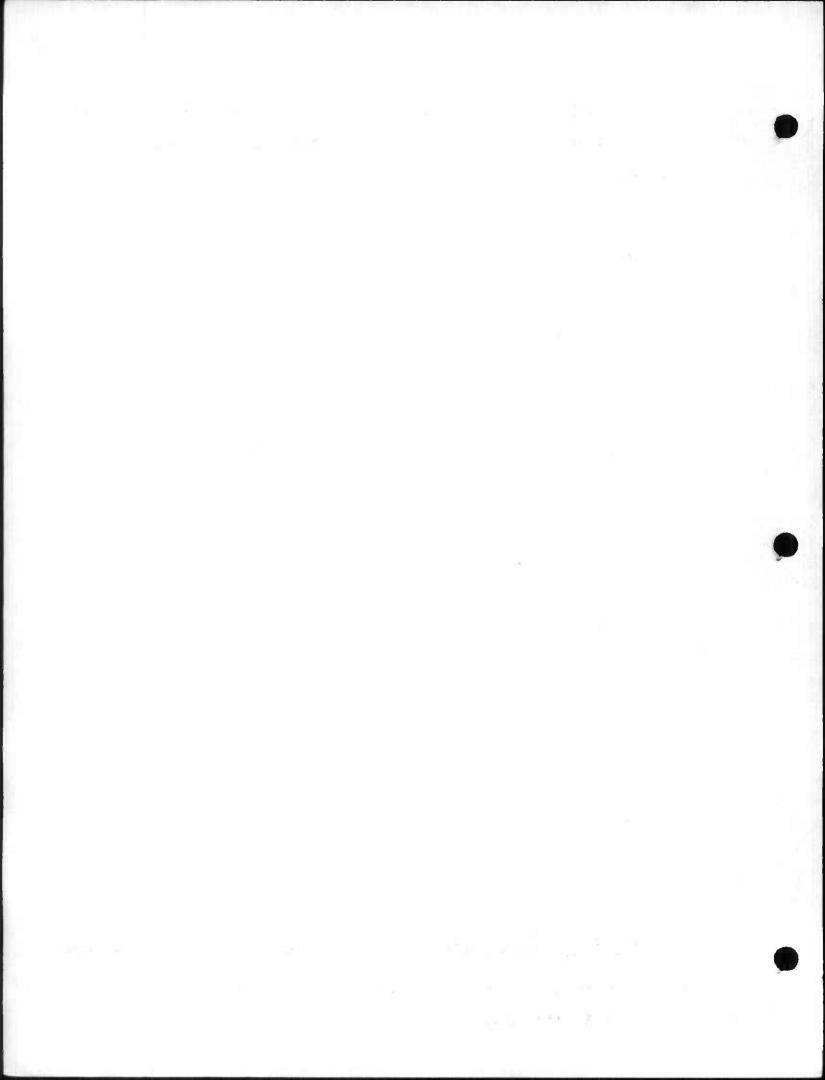
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State

Registrar



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State of Maryland / Department of Health and Mental Hygiene Q 5

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					C	ertificat	e of	Death			Reg. No.		400	7 7
61			1. Decedent's Name (First, Middle, Las	st)					Ì	2. Date of De Month		Year	3. Time o	of Death
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Ψ,	amine		4a. Facility Name (If not institution, give	a street and number)				4b. City, To	wn, or Lo	cation of Death	4c. Cour	nty of Death	1	
			ST. VINCENT de PA					FROST				EGANY		
Fund Direct			5. Social Security Number 8. S 214 07 5181 Usual Rasidance of Decedent	ax 7. Age (In yrs	. last birtho Yrs	Months	Days	Hours	Min.	8. Date of Bir (Month, Da APRIL	y, Year)	Cot	hplace (State untry) YLAND	or Foreign
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the Mer	notitied	Director	MARYLAND ALLEGAN	<u> </u>	ROSTI	BURG 10f. Zip	Code				10g. Citizen o	of What Co		2 □ No
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deet	N. L	Funeral	11. Marital Status	12. Was Decedent Ever in I Armad Forces?	J,S.	3. Was Deced	dent of F		gln? (Spe	cify Yas or No	- 14. R	lace - Amer	rican Indian,	
21215-0020 d within 72 hours after deeth with the Meryland glene. If than 'naturel', or items 23a or 28s-f show	Examin	þ	1 Never Married 2 Married 3 Widowed 4 Divorced	1 XYes 2 No If Yes, Give	I	1 ☐ Yes			, , , ,	tiouri, oto.,	Spec	cify:	HITE	
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and 2121 the filed within the Hygiene.	N S	du	Elementary/Secondary (0-12)	College (1-4or 5+)		e. DO NOT us		•			OFT AN	TEGE 4	CORR	
TO D D	T,		17. Father's Nama (First, Middle, Last)		PERS	SONNEL	DEP.		r's Nama	(First, Middla,		NESE (JURP.	
aryland should be filed and Mentel Hygi	AC OV	To Be	THOMAS RICHARDS	SON				LIL	LIAN	FOLK				
Maryland td 2 should be file ith end Mentel Hy 27 is marked other	other traumatic		19a. Informant's Name/Reletionship (Type, Print)	19b. M	ailing Address	(Street	and Numbe	er or Rura	/ Route Numb	er, City or Tow	vn, State, Z	ip Code)	
	her tra		MARION RICHARDSON	/DAUGHTER				REET,	FROS	TBURG,	MD 215	532		
Pages 1 e	o o		20a. Method of Disposition 1 ☐ Burlal 2 ☐ Cremation 3 ☐		Place of Di cemetary,	sposition (Nan cramatory or o	ne of thar pla	ce)		Date	20c. Location	n - City or 1	rown, Stata	
Baltimore, permit. Pages 1 er Department of Hea Important: If Nem 3	hary	1	4 ☐ Donation 5 ☐ Other (Specify	RES	TLAW	MEM.				1/96	LaVALE	, MD	21502	
Baltii Pemit. P Departm Importan	ony in		21. Signature of Funeral Service Ligan	1000	/	22. Name an				E, P.A.				
		4	T/arelly	INSTOURD	/	60 W	MATI	N_ST.	FRO	STRURG	, MD 2	1532	Annadas	
Physic	ian		23a. Part1. Enter the disease, or comp shock, or heart failure. List only	one cause on each line.	in. Do not	anter tha mod	a or dyn	ng, such as	cardiac o	r raspiratory a	rrast,		Approxima Intervel Be Onset and	tween
/Medi	_	Н	Immediate Cause (Final	Cerebra		0	10-	11	1				2 week	1
Exami	ner		diseese or condition resulting in death)	W		sequence of):	1.00		<u> </u>				2000	45
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Boute	-trans	Examine	Sequentially list conditions, if any, leading to immediate	Due to (or as a con	sequanca of):								
reflicate be executed ng physicien and			Cause (Disease or Injury	C										
x 687 artificete ing phys	ett s	Medical	that initiated events resulting in death) Last	Dua to (or as a con	sequance of):						i		
Box eath certif				d										
I Records, P.O. Box The lew requires that the death ce the hes been signed by the attendi	od for	Physician	Part II. Other significant conditions or	ontributing to death but not re-	sulting In th	e underlying c	ause giv	ven in Part I.		23b. Dld	tobacco use	contribute	to the cause	of death?
P.O. hat the ded by the a	Brach	E E								10	Yes 2 No	3 □ Pr	obably 45	*Unknown
S, res th	90	2												
COLC Peen	Dinous	Completed									an autopsy med?	а	Nere autopsy vailable prior completion of	to
Rec e lew	N	E									6	0	of death?	
Sion of Vital Rec	or, pa		25. Was case referred to medical							10		1	I□Yes 2□] No
VISION Of VITA Attending Physician: ordeath.	all de la	0 26	axaminer?	Hospitel: 1 ☐ Inpatient 2 ☐] ER/Outpa	tient 3 DC	Oth	000		na 5□ Rasi		What /Sno	264)	
or Phys	eral		27. Manner of Death	28a. Date of Injury	28b. Tim		8c. Injui			28d. Describe			ary)	
ndlingth.	n e	atio	1.⊠Natural 5 ☐ Pending 2 ☐ Accident Invastigation	(Month, Day Year)	Inju	M		Yes 2 🗆	No					
Division of Vital Records, if or Attending Physician: The lew requires to after death. Director: After this certificate has been signed.	a in by it	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of Injury - At I building, atc. (Speci	ome, fam.	street, factory	, office		2	28f. Location (City or To		n <i>ber</i> o <i>r Ru</i>	ral Route Nur	n <i>ber</i> ,
DIVISION To the Hospital or Attended within 24 hours after deat To the Funeral Director.		edical	29a. Certifier (Check only one) 1 Certifying Phyone) 2 Medical Exam	rsician: To the best of my kniner: On the basis of examinent and manner stated.	owledge, dation and/o	eath occurred r investigation,	at the tir	me, date and opinion, deal	d place, a	and dua to the ed at the time,	cause(s) end date and plac	manner as e, end due	stated. to the cause((s)
Vithin To th	dwo	-	29b. Signature and title of certifiar	Λ .		290	. Licens	se number			29d. Data sig	ned (Month	n, Day, Year)	
8)	wholem			03	3280			July 1	,15	91	
4/1/1		- 1	30. Neme and eddress of person who o									/		
146			SUNIL K. GUPTA, M.				LAN	D, MD	2150)2				
Roy	State gistra	7	31. Date filed (Month, Day, Year)	32. Registrar's Sign	ature	E. Au								
DHMH 16 Re			JULUZ	32. Registrar's Sign	TO THE PARTY	and a								

F. H. Zamer and

The state of the state of

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

18e. Decedent's Usual Occupation
(Give kind of work dona during most of working life. DO NOT use retired)

Mechanic/Parts Dept.

20650 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacedent's Nema (First, Middle, Last) 2. Date of Deeth 3. Time of Death 24 1996 Craig Shellev June 9:05 PM 4e. Fecility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth 1160 White Sands Drive Lusby Calvert 6. Sex tto M 2□ F If Undar 1 Yaar If Under 24 Hrs.

Months Days Hours Min. 8. Date of Birth Dev Year) 947 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign Maryland 48 Yrs. 10c. City, Town or Location 10d. Insida City Limits Calvert 1 Yes ZXINo Lusby 10f. Zip Code 10g. Citizen of Whet Country? 1160 White Sands Drive 20657 U. S. A. 12. Wes Decedent Ever in U,S. Armed Forcas?

1 ☑ Yes 2 ☐ No If Yas, Give 1 6 7 — 1 Yaar or Datas: Wes Decedent of Hispanic Origin? (Specify Yes or No-ff Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 1 ☐ Yes 2 ☐ No Specify: 67-170 Specify: White

16b. Kind of Business/Industry

Auto Dealer

6-25-96

Md.

Calvert Med. Office Bldg. Prince Frederick

20678

20657

18. Mothar's Name (First, Middle, Maiden Sumama)

Ruth Gittings

19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code)

1160 White Sands Dr., Lusby, Md.

Director

Funeral

by

Completed

Be

Physician

/Medical

Examiner

Funeral

Director

Glenn

10b. County

15. Decedent's Education (Specify only highest grade completed)

Kathleen J. Shelley/Wife

College (1-4or 5+)

5. Sociei Security Number

Maryland

10e. Street end Number

10a. Stete

214-54-8917

Usual Residence of Decedant

1 Navar Married 2 Married

3 ☐ Widowed 4 ☐ Divorced

Elementery/Secondary (0-12)

17. Fether's Nema (First, Middle, Last)

Owen R. Shelley

19a. Informent's Neme/Reletionship (Type, Print)

Pages 1 and 2 should be filed within 72 hours after deeth with the Manjand nent of Health and Mental Hygiene.

Internal II ham 27 is marked other than "natural; or hems 23s or 28s-f show any or other traumetic event, the Medical Examinations to exiting a Department of Important: If any injury or pace.

altimore, Maryland 21215-0020

Physician /Medical Examiner

ettending physician end for use es the bunal-transit The lew requires that the deeth certificate be asscuted signed by the e peen certificata hes funeral director,

Division of Vital Records, P.O. Box 68760, Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica completely filled in by To the Hospital within 24 hours a To the Funeral C

Examiner Physician/Medical by Completed Certification: edical

20a. Method of Disposition

1 Buriel 2 Cremetion 3 Removel from Steta 20b. Place of Disposition (Name of cematary, crematory or other place) 20c. Location - City or Town, Stata June Cedar Hill Cemetery 27-96 Suitland, Maryland 4 ☐ Donetion 5 ☐ Othar (Specify) 21. Signature of Funeral Service Licenses 22. Name and Addrass of Facility Lee Funeral Home CalvertPA 1825 So. Md. Blvd., Owings, Md. 20736 23e Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart feilure. List only one cause on each line. Approximata Intarvel Batween Onset end Deeth Immediete Ceuse (Final disease or condition resulting in death) 413 Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseesa or injury that Initiated events resulting in deeth) Last Due to (or es e consequence of) Dua to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes casa referred to medical examiner? 28. Place of Deeth (Check only one) Other: 4 ☐ Nursing Homa 5 ☐ Residenca 6 ☐ Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Neturel 2 Accident 5 Pending 1 □ Yas 2 □ No investigetion 6 Could not be 3 Suicide 28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, and due to the cause(s) end menner es steted. 29e. Certifier 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and mannar stated. 29d. Data signed (Month, Day, Year) 29b. Signatura and titla of certifiar 29c. Licensa number

completed cause of death (Item 23a) (Type, Print)

32. Registrer's Signeture

M.D.,

Julia Davidson Rardall

Schlager,

016823

State Registrar 30. Name and eddress of person who

JUN 28

Robert J.

31. Date filed (Month, Day, Year)

in remark and the same of th page 5 should notified

ector,

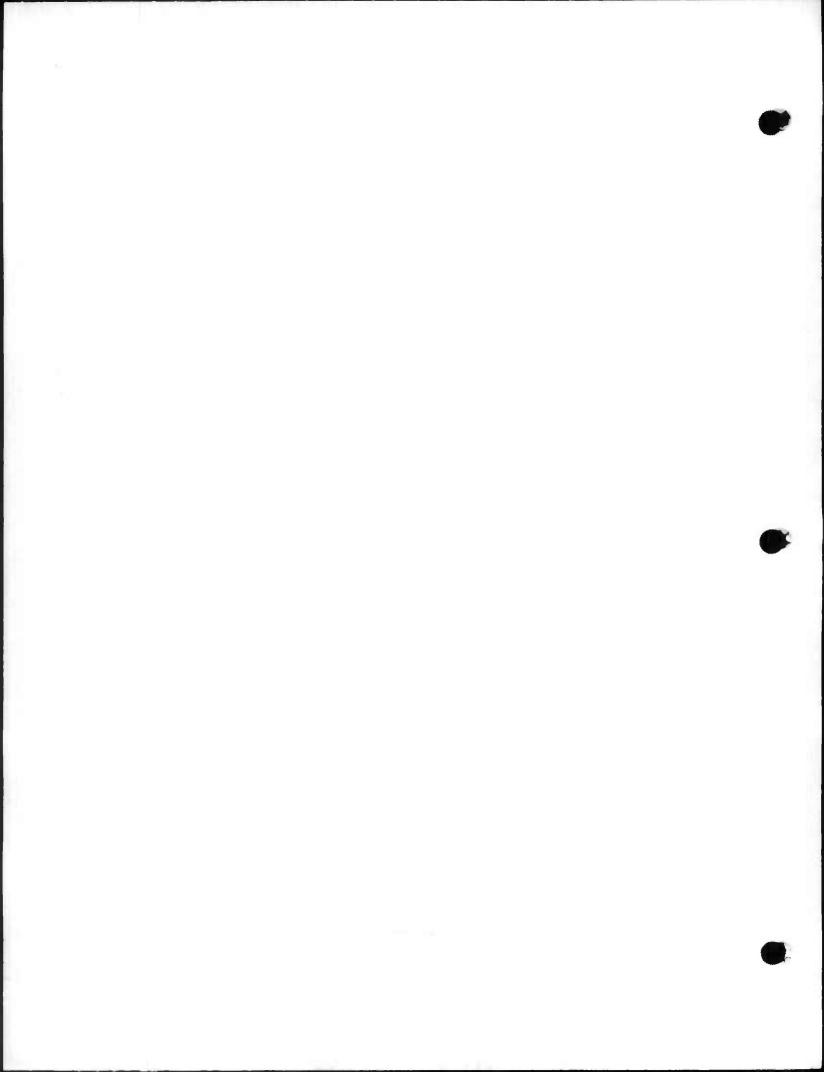
use as the burial-transit permit. Pages 1, 2, 3 should

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DALTIN	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withings hours after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral di	H.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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TITLE OF THE SECONDS, T.O. DON ONLY	e de	he at	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Luy,
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2

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DOROTHY BETTY SHAFFREY 7:30 1996 JUNE 28 ам 4. SOCIAL SECURITY NUMBER S SEY 6. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIFTTH (Month, Day, Year, 6. BIRTHPLACE (State or Foreign 1 😡 M 2 🗌 F 218-03-2464 75 JUNE 9 1921 MARYLAND 9a. FACILITY NAME (if not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 58 SUMMERHILL M.H. PARK CROWNSVILLE ANNE ARUNDEL RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL ANNAPOLIS 1 X YES 2 - NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 130 HEARNE RD. APT. 405 21401 US 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, While, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify: WHITE BY 3 Widowed 4 XXDIvorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 9th 0 HECHT COMPANY CASHTER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME /First Middle Maiden Surname) To UNKNOWN BE UNKNOWN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LEONARD J. HUBER 58 SUMMERHILL M.H. PARK CROWNSVILLE, MD. 21032 must be 20a. METHOD OF DISPOSITION
1 ☐ Burial 2 Cremation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State emetary, crematory or other place)
METRO CREMATORY 4 Donation 5 Other (Specify) 6/29/96 BALTIMORE. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. REESE & SONS MORTUARY, P.A. Lavy 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, 821 WEST ST. ANNAPOLIS, MD. 21401 the medical Approximate shock, or heart fallure. List only one ceuse on sech line. Interval Between IMMEDIATE CAUSE (Finel Onset end Deeth disease or condition deno carcinoma 2min resulting in death) marked, or item 23 shows any injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 070 1 YES 2 NO OF DEATH? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 💆 UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 | YES 2 | 10 Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Rasidence 8 Other (Specify) 27 MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner on stated. 2 MEDICAL EXAMINER: On the basis ition and/or investigation, in my opinion, daeth occured at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER BE

PLETED CAGSE OF DEATH (ITEM 27) (Typo, Point)



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 20652

						Cei	rtificate d	of De	eath		Reg.	No.		-0002	,
D.	aala!		1. Decedant's Nama (First, Middla, La	st)						2. Data Mont	of Death	Day	Yaar	3. Tima of Death	
	hysici Medic	_	Herbert Rudelle	Staley						Jun			96	2:19 p.	n
	xamin		4a. Facility Nama (If not Institution, giv	a street and number	r)			4b.	City, Town, o	or Location of		4c. County	of Death		
**			Carroll County							minste		Carr	011		
	neral		5. Social Security Number 6. S	Sax 7.A Hy⊋M2□F	nga <i>(In yrs. last</i> 80	birthday) Yrs.	If Undar 1 Ya		f Undar 24 H Hours Mi	rs. 8. Data in. (Mon	of Birth th, Day, Ye	ear)	9. Birthple Count	aca (Stata or Foraig try)	ın
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permit. Pages 1 er Department of Hea	문	ŀ	21. Signature of Funaral Sarvice Licer	1500		22	. Nama and Ad	drass	of Facility	1					_
9 9 5	any Ir		23a. Part 1. Entar tha disaasa, or com shook, or haart failura. List only	Breh	M000	21 K	eeney a	and	Basfo	rd Fun	eral	Home			
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Physician: this certific		ToB	examinar? 1 ☐ Yas 2 ☑ No	Hospital: 1 ☐ Inpati	iant 2 ER	Outpatien	t 3D DOA	Othar:		Homa 5		e 6 ∏Oth	ar (Specify)	
g Phys			27. Manner of Death	28a. Data of Inj (Month, De		b. Time of		njury at Work?		-		njury occur			_
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State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

20653

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	Physic /Medi		1. Decedant's Nama (First, Middla, Albert	Ja	ames		SELL	Sr	2. Data of Month July	Day	996°	3. Tima of Death 8:30 am
	Exami	ner	4a. Facility Nama (If not institution, 3847 Shadywoo			A			n, or Location of De erson		y of Death reder:	
	Funeral Director		5. Social Security Numbar 220-10-7822 Usual Rasidanca of Decedant	8. Sax 12⊆M 2□F	7. Aga (In yrs. la 7		If Undar 1 Yaa Months Day		Min. (Month,	Birth Day, Year)		placa (Stata or Foraign ntry) aryland
,	Maryland a-f show	tor	10a. Stata 10b. County Maryland Frede	erick	10c. City	Town or Loc Jeffe						10d. inslda City Limits 1 ☐ Yas 2 🖾 No
	or 28	ire	10e. Street and Number				10f. Zip Coda			10g. Citizan of	What Cou	ntry?
	23a c	alD	3847 Shadywood	Drive, A	pt 1-A		217	55-8335		U.S	S.A.	
020	urs efter dea al', or items Examiner m	by Funeral Director	11. Marital Status 1 Nevar Married 2 Marrie 3 Widowed 4 Divorced	12. Was Dece Armed For d 12 Yas If Yas, Giv Yaar or Da	odant Evar in U,S rcas? 2 No 1944 ra atas: 1946	4-	/as Decedant of Yas, specify Cu □ Yas 2K N		n? (Specify Yas or Puarto Rican, atc.)	No- 14. Ra. Ble Specia	ick, Whita,	can Indian, atc. nite
21215-0020	filed within 72 hours effer death with the Maryland Hyglene. "natural", or frems 23s or 28s-f show ent, the Medical Examiner must be notified at	Completed	15. Dacedant's (Specify only highast Elamantery/Secondary (0-12) 12	Education grada complated) Collaga (1	-4or 5+)		ant's Usual Occ ind of work don O NOT usa rati Machini		of working	16b. KInd of B	Businass/In	
Maryland	₩ E E E	To Be C	17. Fathar's Nama (First, Middla, Li George	Albe	rt		ELL	Eliza		Burkey		NIERMAN
	and 2 should belth and Mer m 27 is marke her traumatic		Mrs. Suzanne S.		0	5015	Came1b	ack Lan	or Aural Aouta Nur e, Freder			
Baltimore,	Pages 1 sent of He ent: If then my or oth		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 4 ☐ Donetion 5 ☐ Other (Spe				ltion (Nama of atory or other p		ul 3, 199	20c. Location Smith		own, Stata g, Marylan
Balti	Departition Departments imports any injury and any injury any injury and any injury and any injury and any injury and any injury and any injury and any injury and any injury and any injury any injury any injury any injury any injury any injury any injury any injury any injury any injury any injury any injury any injury any injury any injury any injury any injury any injury any i		21. Signature of Funeral Service Li 23a/Parl 1. Entar the dispase, or c shock, or heart fellyfa. List or	Consee Ben	Wм007	06 10	Nama and Add eeney & 6 E Chu	rass of Facility Basfor rch Str	d Funera	l Home derick, M		and 21701
	Physician /Medical Examiner		shock, or haart tellyra. List of Immadiata Causa (Final disaasa or condition rasulting In daath)	a.	rgestr	m bk	eart f	Tailu				Intarval Between Onsat and Death
	uted 1 ansit	Examiner		b. Hy	perter	as a consequ	^				1	years
68760,	certificate be executed ding physician end ise as the buriel-trensit		Sequantially list conditions, if any, laading to immadiata cause. Enter Undarlying Cause (Diseasa or Injury that Initiated avants	с		as a consequ					1	
ŏ	C 3	in/Medical	rasulting In deeth) Last	d	Dua to (or	as a consequ	ance of):					
, P.O. B	law requiras that the death as been signed by the ette 2 should be dateched for	y Physicia	Part II, Other eignificant condition	contributing to de	ath but not rasu	Iting In tha un	darlying causa	givan in Part i.		id tobacco uee co	3) Pro	o the cause of death?
Division of Vital Records,	e law requiras has been sign ge 2 should be	Completed by	Dieteres	Mell	utuc)				as an autopsy rformed?	a\	ara autopsy findings vailable prior to emplation of cause death?
E	a	E							1[Yas 2 No	1	□Yas 2 No
ita	ysician: The s certificate director, pag	Be (25. Was case rafarrad to medical axaminar?					26. Placa o	of Death (Check on	y ona)		
2	5 00	ဥ	1 Yas 2 No	Hospital: 1 ☐ ir	npatiant 2 E	R/Outpatient	3□ DOA	thar: 4 D Nurs	sing Homa 5 Re	isldence 6 □Oti	har (Speci	fy)
sion o	After fune	Certification:	27. Mannar of Death 1 Natural 5 Panding invastiga 3 Suicida 6 Could no	tion the	h, Day Year)	28b. Tima of Injury		JYas 2□N	0	e how Injury occu		
DIV	ital or Attendurs efter deatlurs efter deatlurs illed in by the		4 ☐ Homicida datarmin	ad 20e. Pleca buildin	of Injury - At hor ng, atc. (Spacify)				City or	(Straat and Num Town, Stata)		
	To the Hospital within 24 hours e To the Funeral Completely filled	fedical	(Check only one)	Physician: To the saminer: On the ba and mann	sis of examinetic	iedge, deeth on end/or inve	estigetion, in my	opinion, death	piaca, and dua to the control occurred at the time	e, dete end piece,	and dua t	o the cause(s)
	Me Ve Ve Ve Ve Ve Ve Ve Ve Ve Ve Ve Ve Ve	M	296. Signature and little of certifier	Wans			D2	6516		29d. Data signe July		
			30. Name and address of person with Allen J. Gilso	on, M.D.,	1475 T	aney A	venue,	Frederi	.ck, Mary	Land 2170	02	
	Sta Registr		31. Data filad (Month, Day, Year) JUL Q 3 1	996 32. 96	pistrage Signatura	on-Rarda	41					

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20651

			Decedant'a Nama (First, Middla, L.)	ast)		Cei	tificate c	of Death	2. Data of I	Reg. No.		3. Time f th
	Physic		transition of the transition o		יידנו ייף	TAM OF	0.000		Month	Day	Year	
	/Medi		4a. Facility Nama (If not Institution, g			IAM ST	OCKMAN	4b City Town	July or Location of Dec		996	7:00 AM
	Exami	ner	8929 O'Possumtow		1001)			Freder			34,23.24	
	Funeral				7. Aga (In yrs.	last birthday)	If Under 1 Ya			Fred	_	
	Director		219-20-4085 Usual Rasidance of Decedant	1 □X M 2□ F	65	M.	Months Da	ys Hours M	Irs. 8. Data of E (Month, I	Day, Year) 29, 1930	Mar	nplaca (Stata or Foreign intry) Cyland
yland	10		10a. Stata 10b. County		10c. Cř	ity, Town or Lo	cation					10d. Insida City Limits
Mag	100	io	Maryland Freder	ick	F	rederi	ck					1 ☐ Yas 2 ☒ No
th th	or 28	Director	10e. Street and Number				10f. Zip Cod	a		10g. Citizan of	What Cou	intry?
E W.	23a	100	8929 O'Possumtow	m Pike			2170	2			U.S.	.A.
rdee	E 5	Funeral	11. Marital Status	12. Was Dece	dant Evar in U	J,S. 13. \	Vas Decedant of	of Hispanic Origin? Juban, Maxicen, Pu	(Specify Yas or N	14. Ra	ce - Amari ck, Whita	ican Indian,
21215-0020 d within 72 hours efter deeth with the Maryland	itel Hyglene. d other than "naturel", or liems 23s or 28s-f show event, the Medical Examiner must be notified at	b	1 ☐ Nevar Married 2 ☐ Married 3 ☐ Widowad 4 ☐ Divorced	MXYas			□ Yas 2□X		arto ribari, ato.,	Specif		
5-0 72 h	Direction of the	Completed	15. Dacedant's i (Spacify only highast g	Education		16a. Deced	lant's Usual Oc	cupation na during most of i	working	16b. Kind of B	usinass/ir	ndustry
2 草	Men.	npi	Elemantary/Secondary (0-12)	College (1-	-4or 5+)	1			WORKING .			
CA D	Hygler ther ti	ပိ	10			Sen	ior Lab					the Army
anc be fi	o be	Be	17. Fathar's Nama (First, Middla, Las	,						ia, Maidan Sumar	na)	
aryla	nd Mente marked imatic e	2	Howard Arthur S						Pauline			
Z 2	27 is r trau		19a. Informant's Name/Ralationship Anne W. Stockman					eet and Number or mtown Pil				ip Code) and 21702
	Department of He Important: If Rem any Injury or other once.		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Spec		stata Ne	Place of Dispo cematery, crem W Marke	sition (Nama of natory or other) et Ceme	place) tery	7/3	New Ma:		own, Stata Maryland
i a	Departmen mportant: any injury 20cs.		21. Signature of Funeral Service Lin	nsee	1	22 D	Nama and Ad	drass of Facility DAILEY	S CON E	INEDAT U	OMEC	D A
ш 8	0288		Xolost (Daile	UV	1:	201 NOR	TH MARKET	ST. FRI	EDERICK.	MARY	LAND 21701
	13 -		23a Part1. Enter the disease, or cor shock, or heart failure. List ent	notication that be	upled the deat			dyling, such as card				Approximata Intarval Batween
	ysician			Garage	yy						1	Onset and Death
	Medical aminer		Immediate Cause (Final disease or condition	1	2 ceto	my	predin	02/00	diam.		- !	(Rem)
E.X	ammer		resulting in death)	. /	Due to (c	or as a conseq	uence of):	70)	·			
8	- T	line		h							i	
Bout	physician and s the burial-transit	Examiner	Sequantially list conditions,	0.	Dua to (c	or as a conseq	uanca of):					
68760, fficate be emecu	iclan		Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Causa (Disease or injury	c								
S87	phys the	edical	that Initiated avants rasulting in death) Last		Dua to (o	or as a consaqu	uance of):					
X	ding p			d			_				İ	
Box aeth cert	for u	clar									1	
I Records, P.O. Box The law requires that the daeth cert	been signed by the attending should be detached for use a	Physician/IV	Part II. Other significant conditions	contributing to dea	ath but not ras	ulting In the ur	darlying ceusa	givan in Part I.				to the cause of death?
T tat	deta		Wialouters	mellit	-				_ 10	Yss 2□ No	3 🗌 Pro	obably 4 Unknow
ds	sign ld be	d by							24a Wa	is an autopsy	24b. W	/ara autopsy findings
000	peed	lete			_				per	formad?	av cc	vallabla prior to ompletion of ceuse
He is	e has	Completed							.5	de la		death?
ב ב	nis certificate has I director, page 2		25. Was casa rafarred to medical					00 Dt 15		Yas 2 No	11	Yes No
Sicis <	firect	To Be	axaminar?	Hospitai:	notiont 2	ER/Outpatien	3□ DOA	Other	Death (Check only	rona) sidance 6 □Oth	(C	24.1
Division of Vital Records, P.O. or Attending Physician: The law requires that the di	or this		27. Mannar of Death	28a. Data of	Injury	28b. Tima of	28c. Ir	-		how injury occur		19)
O Bulb	Afte.	ıtloı	1 Natural 5 Panding Accident invastigation		, Day Year)	Injury		Vork? □Yas 2□No				
/ISI	of the	flea	3 Suicida 6 Could not I	000 Diago	of Injury - At he	oma, farm, stre	eat, factory, offic	DB	28f. Location	(Street and Numi	ber or Run	al Routa Number,
בַּ בַ	Dire	Certification:	4 Homicida	building	g, atc. (Specif	(y)			City or T	own, Stata)		
Hospita	within 24 hours after death. To the Funeral Director: After this certifica completely filled in by the funeral director,	edical	29a. Certifiar (Check only one)	nysician: To the b miner: On the bas and manns	sis of axamina	wledga, daath tion and/or Inv	occurred et tha astigation, in m	time, date and ple y opinion, daath oo	ce, and due to the	e ceusa(s) and m	annar as s	stated. to the ceusa(s)
o the	o the	Me	29b. Signatura and little opportifier	and marine	a. stated.	1	29c, Lica	nsa number		29d. Data signe	d (Month.	Day, Year)
F 3	s ⊢ ŏ		V XIV t	tap)	1	12001		2/	101	
		1	20 Name and odd	Wilm		mo		1311		421	76	
			30. Nama and addrass of person who Robert L. Kauf:	1.7				+ Fmada	rdol: M-	w. 1 a = 1 0	1701	
150	Sta	to	31. Data filad (Month, Day, Year)		gistrar's Signa		n Stree	et, Frede	iick, Ma	Tyrand 2	1/01	
	Registr			_		or Rada						
DHMH :	16 Rsv 6/9:	5	JUL 0 2 19	JO 1 1 20	- WHEN	W. W. W.	41					

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

						Ce	ntitica	te ot	Death			Reg. No.			
ľ	Physic	ian	Decedent's Neme (First, Middle, I Mary Mar		RINE						2. Dete of De Month	Day	Yeer		ime of Death
	/Medi Exami	cal	4a. Fecility Neme (If not institution, g	ive street end nu					4b. City, To		ocation of Deet	h 4c. Cou	o nty of Death derick		OU PM
	Funeral			Sex 1 M 2 TF	7. Age (In yrs	s. last birthdey) Yrs.	If Unde Months	r 1 Year Deys	If Under		6. Dete of Bi (Month, Di May 28				State or Foreign
	Director		Usuel Residence of Decedent	21	0,5	113.		L.,			May 20	, 1931	Mary	Tall	1
	Meryland	tor	Maryland Frederi	ck		City, Town or Lo Jnion B		2							ide City Limits Yes XX No
	th with the 23a or 28 ast be no	Funeral Director	10e. Street and Number 13620 B New Win	dsor Ro	ad			2179	1			U.S.A.		ntry?	
020	72 hours after deeth with the Meryland "natural", or flems 23a or 28a-f show idical Examiner must be notified at	by	11. Meritel Status 1 X Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed F	edent Ever in orces? 2 X No ive				Hispanic Ori pan, Mexicar Specify:		ecify Yes or No Rican, etc.)		Rece - Ameri Bleck, White, city: Whi	, etc.	en,
21215-0020	within ene. than	Completed	15. Decadent's l (Specify only highest g Elementery/Secondary (0-12)	rade completed)	1-4or 5+)		dent's Usu kind of wo DO NOT u		pation during mos ed)	t of work	ing	16b. Kind of	Business/In	dustry	
Maryland 2	od fa	To Be Co	17. Fether's Neme (First, Middle, Las Ivan	st)	S	TRINE			18. Mothe		e (First, Middle Licent	-		Z	
	alth ar		19e. tntorment's Neme/Relationship David Michael St		-	13620	OBN	lew V			al Route Numb				
Baltimore,	Peges nent of int: If it		20e. Method of Disposition 1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Special Control of Control		Ctata	Plece of Dispo cemetery, cre ithsbu	metory or	other ple		July	Dete 7 3, 19	20c. Locatio 96 Smi			
Balt	permit. Peg Department Important: It any injury o		21. Signature of Funerel Service Lice	engee Lyd	M00255	K	eeney	y an		ford	P.A. F			21.70	1
	Physician		23a. Pert1. Enter the diseese, or conshock, or heart tellure. List only	mplicetions that y one cause on	caused the dea	ath. Do not en	ter the mod	de of dy	ing, such es	cardiec	., Fred or respiretory e	orrest,	MQ Z	Appro	eximete ei Between t end Deeth
	/Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in deeth)	e. Me	chastat	or as a conse			na c	of (Colon		1	Me	nlhis
	ruted ansit	Examiner	Sequentially list conditions	b		or as e consec									
68760,	certificate be executed iding physician and ise as the bunial-transit		Sequentially list conditions, if eny, leeding to immediate cause. Entar Underlying Ceuse (Disease or Injury that initiated events	C		or es e consec									
X	ding rse a	in/Medical	resulting In death) Last	d											
Ö.	deeth he etter	Physician	Pert II. Other significant conditions	contributing to d	eath but not re	sulting in the u	inderlying	cause gi	ven in Pert i		23b. Did	tobacco use	contributa t	o the cr	nusa of death'
s, P.O	res that the death signed by the etter be deteched for the	by Phy									1 🗆	Yes 2 N	o 3□ Pro	bably	Unknow
of Vital Records,	ew requi	Completed								_		en eutopsy ormed?	av	/alieble	n of cause
Y	The ate h	Con									10	Yes 2 No	11	□Yes	2□ No
VIII	Physician: The this certificate and director, par	Be c	25. Wes case ratarred to medical examiner?	Hospitel:				Ot	hor		h (Check only				
		: To	1 ☐ Yes 2 No 27. Menner of Deeth	28a. Dete	inpatient 2 E of injury	28b. Time o		UA	4LINU		me 5 🗷 Resi 28d. Dascribe			fy)	
DIVISION	Attending I or deeth. ector: After by the fune	catlor	1 Neturel 5 Pending 2 Accident investigeti 3 Suicide 6 Could not	on (Mon	th, Dey Year)	Injury	М	28c. tnju Wo 1 ⊑	ork?]Yes 2□						
2	글목욕	Certification:	4 Homicide datermine	d 286. Place build	ot Injury - At I ing, etc. <i>(Sp</i> ec	ify)						wn, Stete)			Number,
	n 24 hours n 24 hours ne Funeral	edical	29e. Certifiar 1 Certifying P (Check only one) 2 Medical Exa	iminer: On the b	best of my kn asis of examin ner steted.	owledge, deet ation end/or In	h occurred vestigation	et tha ti	ime, dete en opinion, dee	d plece, th occurr	end due to the red et the time,	causa(s) and dete end plac	mannar es s e, end due t	tated. the ca	use(s)
	vithin 2 To the	Me	29b. Signeture end title prounder				29	c. Licen	se number			29d. Dete sig	ned (Month,	Dey, Y	ear)
			bund	1				D 4	3091			Ju1y	1, 19	996	
			30. Neme end eddrass of person and Dr. Saeed Zaid					Fre	deric	k M	arylan	4 21701			
	Sta	ite	31. Dete filed (Month, Dey, Year)		Registrar's Gior			TIC	JULIE	I	ME Y LOIN	4 21/01			

hysic	ian	1. Decedant's Nama (First, Midd			001	tificate	01	Dodin	-4	2. Dete of Dea	Dev	Yaar	3. Tima of Deal
/Medi		Edward/ 4e. Facility Nama (If not institution		umher)				4b. City. Tow	vn. or Lo	ocation of Death	4c. County		0:03FM
Exami	ner	Memorial Hos						Cumbe			Alleg		
uneral rector		5. Social Security Number 223–38–4752	6. Sex 1 ☑ M 2 ☐ F	7. Aga (In yrs. 62	last birthdey) Yrs.	If Under	1 Year Deys	If Under 2 Hours		8. Date of Birth	, Year 1933	9. Birthp	lace (State or For
at at		Usual Residence of Decedant 10a. Stata 10b. County		10c. Cit	y, Town or Lo							1	0d. Inside City Lir
offine of the	Funeral Director	WV Mine	cal		Ridge								1 Yes 2
100	ā	10e. Street end Number 111 Main Stre	et			10f. Zip (2675	:3			10g. Citizen of V US		ntry?
na 23	era	11. Maritel Stetus		cedant Eyar in U	S. 13. V				in? (Sne	ecify Yes or No-			an Indien,
it, or iter	by Fur	1 ☐ Nevar Married 2 ☐ Mar 3 ☐ Widowed 4 ☑ Divorced	ried 1 Yas	Forces? 2 (YNo Giva	l B	Yas, speci □ Yas 2	fy Cuba	an, Mexican, Specify:	Puarto	Rican, atc.)		k, Whita,	
	ted		nt's Education	4	16a. Deced	lant's Usual	Occup	ation	-4 4.		16b. Kind of Bu	usinass/Ind	dustry
or then the Med	Completed	(Spacify only highan Elamantary/Secondery (0-12)		(1-4or 5+)		Driv		eation during most d)	or work	ing	Truck	ing (Company
Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examinat must be notined at other.	To Be (17. Fether's Nema (First, Middle, Ray Hudson S	Shenk							(First, Middle, Lee (C	Maidan Sumem	re)	
n 27 ie m ier traum		19a. Informant's Name/Reletions Allen Shenk			401	South	Ce				r, City or Town, erland,		Code) 21502
ant: If iter ury or oth		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (S			Place of Disposematery, crem CAliste	nafory or oth	her plea	Cemet	ery	Dete 06/27	20c. Location - Shenai		
any In		21. Signature of Funeral Service	DIS	caspe	di	Cumk	erl	Land,	MD	al Home 21502			
sician		23a. Partt. Enter the disease, of shock, or haert failure. List	only one causa on	aech lina.	h. De not anta	ar the mode	of dylr	ng, such es d	ardiec o	or raspiratory en	rast,		Approximata Intarvai Betwaer Onsat and Deat
dical niner		Immadiata Cause (Final diseasa or condition rasulting in daath)	aA	rterioso	eleroti oras a conseq		rt (diseas	e			6	years
ısıt	in e		b. D	iabetes								1	
iclan and buriel-transit	al Examiner	Sequantially list conditions, if any, leeding to immadiate causa. Enter UndarlyIng Ceusa (Disaase or injury	C	Due to (o	er es e conseq	uenca of):							
ending physiclan use as the burie	n/Medical	that initiated evants resulting in daath) Lest	d	Due to (o	r es e consequ	uence of):							
2 3	Physician/M	Part II. Other eignificant condition	ons contributing to	daath but not ras	ulting in tha ur	nderlying ca	usa giv	an in Part I.			obacco uae cor		o the cause of de
= 5	by P	Carcinoma of	the ling,	previou	ıs trea	ted 4	/95					-	
= 5										24a. Was a	an eutopsy med?	ev	ara autopsy findir elleble prior to mplation of causa death?
as been signed by the atte 2 should be detached for	pietec									1 🗆 Y	as 2 No	10	Yes 2□ No
ate nas been signed by the att page 2 should be detached for	Complete							26. Placa	of Death	(Check only or	ne)		
ate has been signed by the att page 2 should be detached for	Be Completed	25. Was case refarred to medica examiner?			,		1		nina Ha	ma 5 Resid	ence 6 Oth		y)
is certificate has been signed by the atti director, page 2 should be detached for	To Be	exapriner?	Hospital: 1 [ER/Outpatien	-		4 LI Nur				ned .	
for. After this certificate has been signed by the attempt funeral director, page 2 should be detached for	To Be	examiner? 1 Yas 2 No 27. Mannar of Death Matural 5 Pandir 2 Accidant investi	Hospital: 1 C	a of Injury onth, Day Year)	28b. Tima of Injury	M 28	lc. Injur Wor	4 LI Nur	lo		ow injury occur		I Paulo Mir.
for. After this certificate has been signed by the attempt funeral director, page 2 should be detached for	Certification: To Be	examiner? 12 Yas 2 No 27. Manural 5 Pandir Accidant investi 3 Sulcide 6 Could 4 Homicida	Hospital: 1 C 28a. Date (Mo gation not be lined 28e. Place built	a of Injury onth, Day Year) ca of Injury - At ho ding, atc. (Specify	28b. Tima of Injury oma, farm, stra	M 28	lc. Injur Wor 1 🗆 office	yat k? Yes 2 N	lo	28f. Location (S City or Tow	itreaf and Numb n, Stata)	er or Rura	il Routa Number,
for. After this certificate has been signed by the attempt funeral director, page 2 should be detached for	Certification: To Be	exapriner? 1 Yas 2 No 27. Mannar of Death Matural 5 Pandir 2 Accidant investi 3 Sulcide 6 Could datem 29a. Certifiar 1 Certifyir	Hospital: 1 28a. Date (Mo gation not be lined 28e. Placuling Physician: To the Examiner: On the	a of Injury onth, Day Year) ca of Injury - At ho ding, atc. (Specify na best of my kno basis of axaminal	28b. Tima of Injury oma, farm, stra y) wledga, daath	M aat, factory,	lc. Injur Wor 1 -	y at k? Yes 2 N	lo l'place, e	28f. Location (S City or Tow	itreaf and Numb n, Stata)	er or Rura	teted.
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended #5, 6/28/96 P.A s. Heart Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Daath 3. Time of Death **Physician** SWANDOL WILLIAM 24ay 1996 June 01:51 AM /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Allegany **Examiner** Cumberland Memorial Hospital & Medical Center 8. Data of Birth (Month, Day, Year) 6. Sax 1 💢 M 2 🗆 F 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Yaar | If Undar 24 Hrs. 9. Birthplaca (Stata or Foraign **Funeral** 220-58-9915 Months Days Hours 62 Director Dec.16,1933 MARYLAND Usuai Residence of Decedent death with the Maryland 10a State 10h County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or itema 23a or 28a-f ehow the Medical Examiner must be notified at Director ALLEGANY 1 X Yas 2 No CUMBERLAND 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 400 GRAND AVENUE 21502 Funeral U.S.A. 11. Marital Status 12. Was Decedent Ever In U,S. Armed Forcas? 1 1 1 1 1 1 1 2 1 1 No If Yas, Give Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Black, Whita, atc. within 72 hours aftar 1 ☐ Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: à WHITE 3 Widowed 4 Divorced Year or Datas: KOREA Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry i filed within i Hygiane. Elementary/Secondary (0-12) Coilege (1-4or 5+) DRIVER TRUCKING 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middla, Maidan Sumama) . Pagas 1 and 2 should be fill ment of Haalth and Mantai Hiam 27 is marked out Be HARRY SWANDOL HANNAH SCIESE 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Numbar, City or Town, Stata, Zip Coda) permit. Pages 1 and 2 s Department of Haath ar Important: if itam 27 ie eny injury or other trau once. 400 GRAND AVENUE - CUMBERLAND, MD LYDA M. SWANDOL 20a. Method of Disposition 20b. Place of Disposition (Nama of camatary, cramatory or other place) Date 20c. Location - City or Town, State 1 X Burlal 2 ☐ Cramation 3 ☐ Removal from State Restlawn Meml. Gardens 427 4 ☐ Donation 5 ☐ Othar (Specify) LAVALE, MD 21. Signature of Funeral Sarvice Licensee 22. Name and Addrass of Facility GEORGE-UPCHURCH FUNERAL HOME, 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart tailure. List only one cause on each line. 21502 Approximate interval Betw Onset and Death **Physician** immediate Causa (Final disease or condition resulting in death) /Medical a. SEVERE ISCHEMIC CARDIOMYOPATHY 10 YEARS Examiner Due to (or as a consequence of): 10 YEARS CORONARY ARTERY DISEASE Hospital or Attending Physician: The law requires that the death cartificate be associted As hours after death.

As hours after death.

Indicate the activities and the second property of the attending physician and stay filled in by the funeral director, page 2 should be deteched for use as the burlanelt and the stay filled in by the funeral director, page 2 should be deteched for use as the burlanelt. Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury that initiated evants rasulting in death) Last Due to (or as a consequence of): P.O. Box 68760, Physician/Medical Due to (or as a consequence of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 TYee 2 No 3 Probably 4 Unknown DIABETES MELLITUS Records, p 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed ACUTE RENAL FAILURE 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital Be 25. Was case reterred to medical 26. Placa of Death (Chack only ona) Hospital: Other: 4 Nursing Homa 5 Residenca 6 Othar (Specify) Certification: To 1 Yes 2 No 1 ■ inpatient 2 □ ER/Outpatient 3 □ DOA 27. Mannar of Death 28a. Data of injury (Month, Day Year) 28b Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Natural 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28e. Place of Injury - At home, farm, straat, factory, office building, etc. (Spacify) 4 Homicide 24 hours edical 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner statad. 29a. Certifier compietaly (Check only one) To the To the To the I 29b. Signature 29c. License number 29d. Date signed (Month, Day, Year) D14865 June 24 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Memorial Hospital Medical Building Cumberland, MD. neel Bk Dr. R. Barrera 32 Registrar's Signatur Parlal

DHMH 16 Rev 6/95

State

Registrar

31. Date tiled (Month, Day, Year)

JUN 2 8 1996

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

							Ce	ertificate	01	Death			Reg. No.		
	Physic	ian		ma (First, Middle, L								2. Data of De Month	eath Day	Year	3. Tima of Death
	/Medi		Barbar	a F. Slave	∍u							June 2		1001	9:15AM
	Exami			(If not institution, g		um ber)				4b. City, To	own, or Lo	ocation of Daat		y of Death	
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	Funeral Director	н	5. Social Sacurity 215–26		Sax 1□M 2F		In yrs. lest birthday Yrs.	Months	Days		Min,	8. Data of Bit	24, 193	9. Birthr	placa (State or Foreign
			Usual Residance				,0					PACIL	24, 175	Y	
	land is		10a. Stata	10b. County		1	0c. City, Town or I	ocation						1	0d. Insida City Limits
	Mar	ģ	MD	Allega	ny		LaVa	le							1 🕅 as 2 🗆 No
	or 28	Je l	10e. Street and No	umber				10f. Zip (Coda				10g. Citizen of	What Cour	ntry?
	th wil	a	902 Oa	klawn Ave	enue			2	215	02			U	SA	
	r dea	Funeral Director	11. Marital Status		12. Was Dec	cedant Ev	ar in U,S. 13	Was Deceda	int of	Hispanic On	igln? (Sp	ecify Yas or No Rican, atc.)	- 14. Ra	ca - Amark	
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b	Hyg other ent,	BeC	17. Fethar's Nama	(First, Middle, Las	st)					-		a (First, Middia	, Maiden Sumer	me)	
lar	ould be filed within 72 hours after death with the Maryland Mantal Hygiens. arked other than "natural", or heme 23a or 28a-f show afte event, the Medical Exertines must be notified at	To B	Floyd	l Ivan Fl	esher,	Sr.				Fra	ance	s Clara	(Kelle	r)	
Maryland	2 should and Man is marke aumatic		19e. Informant's N	lame/Raletlonship	(Type, Print)		19b. Mai	ing Address (Stree	et and Numb	er or Run	al Route Numb	er, City or Town	, Stete, Zip	Code)
	1 and 2 Haaith a em 27 is		Robert	D. Slav	enson		902	Oakla	wn	Avenu	ıe; I	aVale,	MD 215	502	
ore	of He		20a. Mathod of Dis	sposition	□ Barnayal from		20b. Place of Disp cematery, cri	osition (Neme	of ar pl	еса)		Data	20c. Location	- City or To	own, Stata
im	Pagas mant of 8 ant: If ite ury or of			5 Othar (Spec		Stata	Cumberl	and Cr	em	atory		06/29	Cumbe	erland	d, MD
Baltimore,	permit. Pagas 1 and 2 should be filed within 72 hours aftar death with the Marylar Department of Haaith and Mantai Hygiena. Taktural, or ferms 23a or 28a-f show important: if fem 27 is marked other than "natural, or ferms 23a or 28a-f show any injury or other traumatic event, the Madical Examinat must be nothed at once.		21. Signature of F	unaral Service Line	9000		n-	2. Nama and	Addr	ess of Facili	ty inera	al Home			
ш	205 a		>4mc	nola) y	1.200	MH	Sle			land,		21502			
			23a. Part1. Entar shock, or had	tha disaasa, or cor art failura. List only	nplications that y ona causa on	caused th	a daath. Do not a	ntar tha moda	of dy	ing, such as	cardiac	or raspiratory a	rrest,		Approximata Intarval Batween
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	/Medical Examiner		Immediata Causa disaasa or conditi- rasulting in daath)	on	a. ACI	ite m	yocardia:	linfar	ct	ion					sudden
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	tifical ng ph as th	Medical	rasulting in daath)	Last			a to (or as a conse	quarios oi).							
Box	eath car attandin I for usa				d									-	.,.
	Tha law requires that tha death c site has been signed by the attanc paga 2 should be datached for us	Physician	Part II. Other signi	ficant conditions	contributing to d	death but r	not rasulting in tha	undarlying cau	usa g	ivan in Part I	l	23b. Dld	tobacco use co	ontribute to	the cause of death?
P.0	res that the de igned by the a be datached f	Phy	Hypert	ension	, obesi	i + 17						10	Yes 2 No	3 Pro	bebly Munknown
	es the	by		CIBIOII	, 050.01	LOY									
Records,	v require been sig should t	Completed										24a. Was	an autopsy ormed?	av	ara autopsy findings allabla prior to
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	To the Hospital or Attentwithin 24 hours after deat To the Funeral Director: compietely filled in by tha		29a. Cartifiar	Cortifying P	hysician: To the	a best of n	ny knowledge, daa	th occurred at	tha t	ima, data an	d piece,	end dua to tha	causa(s) and m	anner as s	teted.
	n 24 n 24 n Fu	edical	(Check only one)	2 Medical Exa	miner: On that	pasis of ex	amination and/or in	wastigation, li	n my	opinion, daa	th occurr	ed at tha time,	data and place,	and dua to	tha cause(s)
	within 2 To the P	Σ	29b. Signatura and	titla of cartifiar	/ /			29c.	Lican	sa number			29d. Data signe	ed (Month,	Day, Year)
	3			De	1 h	~~	~	I	0 0	9157			June 2	8 19	96
	3		30. Nama and add	ress of person who	complated cau	sa of daat	h (Item 23e) (Type	, Print)							
	1460			now, M.D.	124 w	3rd	st Cumb 1	1D 2150)2						
	Sta		31. Data filed (Mon	nth, Day, Year)	32,	Registrar's	Signatura Rardo	it.							
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TAL OR ATTENDING PHYSICIAN: The law requires that the death

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	ı

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	Y YEA	3. TIME OF DEATH			
	Elestine T.	Stewart									
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1996	THPLACE (State or Foreign			
Œ	215_05_8870	1 🗆 M 2 🜄 F	80 YRS.	MONTHS DAYS	HOURS MIN.	Jan. 22, 1	Co	Maryland			
	9a. FACILITY NAME (If not institution, give s			9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY O				
	Alice Dund Tours	Nicona da a su Hann		Cris	sfield, M	TD.	Somer				
5	Alice Byrd Tawes	NUTSING HOM	ie i	CLI	sileid, r		Some	.bet			
E	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY										
5	Maryland	Somerset		Cri	sfield			LIMITS?			
7	10e. STREET AND NUMBER			101	ZIP CODE						
8	118 Second Street				21817	14.4	U.S	F WHAT COUNTRY?			
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER I	VIIS ADMED	12 495 050	ENDENT OF HIGH	C ORIGIN? (Specify Yes					
딥	1 Never Married 2 Married	FORCES? 1 TYES	2 NO	If yes, sp	cify Cuban, Mexican	, Puerto Rican, atc.)	Of NO 14. H.	RACE — American Indian, Black, Whits, stc.			
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 NO Specify		Sį	welly: White			
	15. DECEDENT'S EQU	CATION	16a. DECEDENT'S	ISUAL OCCUPATION	M.	16b. KIND OF BUS	THESE AND LICE				
	(Specify only highest grade	completed)	(Give kind of w	ork done during mo	st of working	166. KIND OF BUS	INESS/INDUSTR				
2	Grade 6	College (1-4 or 5+)		CALLY.	Inspecto	r Carn	ont Mar	ufacturer			
2			Quality	COILCIOI				luraccurer			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					NE (First, Middle, Maiden	Surneme)				
BE	Columbus Betts				Ida A.						
5	19a. INFORMANT'S NAME (Type/Print)	28				oute Number, City or Town					
	Spencer J. Stewar	t (Husband)	118 S	Second S	treet - C	risfield,	MD 218	317			
	20s. METNOD OF DISPOSITION 1 ◯ Burlal 2 □ Cremation 3 □ Rem		PLACE AND DATE O		me of	OATE 20c. LOC	CATION City or	Town, Stats			
	4 Donation 5 Other (Specify)		netery, cremetory or att	Memoria	1 Park-7	/2/96 Cr	isfield	, MD			
	4 Donation 5 Other (Specify) Sunnyridge Memorial Park-7/2/96 Crisfield, MD 21. SIGNATURE OF THE AND ADDRESS OF FACILITY										
	Robell	& Black	kar f			s Funeral		01015			
_	Robert H. Br		//	- M		Crisfie		21817			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Carturo Sellratic Carturo Sellratic Parallel Disease Carturo Sellratic Carturo Se										
	DUE TO (OR AS A CONSEQUENCE OF):										
,											
<u>ē</u>	Sequentially list conditions, Due to (or as a consequence of):										
CERTIFICATION	cause. Enter UNDERLYING										
Ē	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
F	resulting in death) LAST	4									
2											
A	PART II. Other significent condition	- 4	00	0 1	ceuse given in I	Part I. 24a. WAS AN		46. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO			
EDICAL	Senell Le	mentra,	alze	Lumer	14Re	1 D YES 2	777	COMPLETION OF CAUSE OF GEATH?			
YE	Cataract	4			10						
5	Frankling Left 1/2 al 0										
Z	25. WAS CASE REFERREO TO MEDICAL 28. PLACE OF DEATN (Check only one)										
□	EXAMINER? HOSPITAL: OTHER:										
(A)	1 PASS 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Name 5 Residence 8 Other (Specify)										
TYS		27. MANNER OF DEATH 280. DATE OF INJURY (Month, Dey, Year) 280. TIME OF INJURY AT WORK? 281. DESCRIBE HOW INJURY OCCURED									
PHYSICIAN: M				4.0							
BY PHYS	27. MANNER OF DEATH	(Month, Day, Year)	INJU	M 1 🗆 1	ES 2 NO						
B≼	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be		— At home, farm, at	M 1 🗆 1	ES 2 NO	281. LOCATION (Street a City or Town, State)	nd Number or Rur	al Route Number,			
B≼	27. MANNER OF DEATH 1 M Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) 28s. PLACE OF INJURY	— At home, farm, at	M 1 🗆 1	ES 2 NO	281, LOCATION (Street a City or Town, State)	nd Number or Rur	al Route Number,			
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B≼	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only) 27. MANNER OF DEATH 5 Pending Investigation 6 Death 6 Could not be determined	(Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, et	M 1 1	es 2 NO	o the ceuse(s) and man	ner es stated.				
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Mil Or when the Statementander

1	-	STATE REGISTR	A
	1. C	ECEDENT'S	P

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

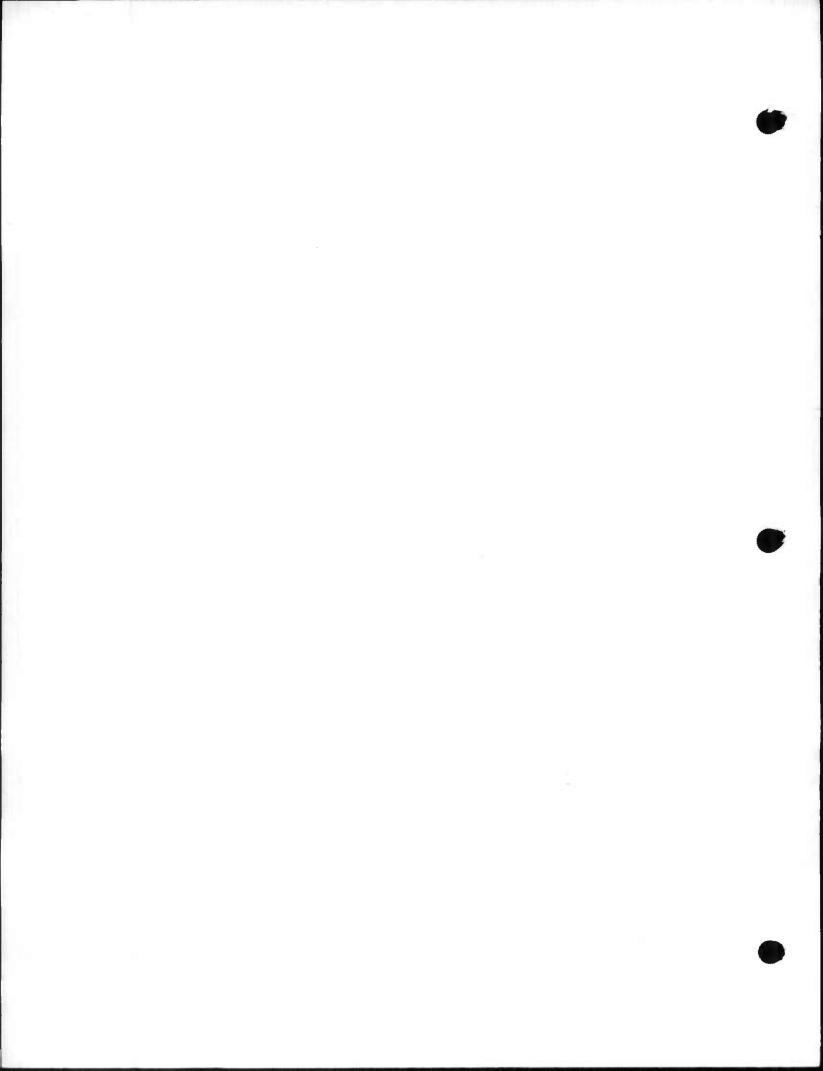
	1 - STATE REGISTRAR	CE	RTIFICATE	OF DEATH	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH				
	MARIE (MAMIE)	Martha	Simms		June 27		YEAR 17				
	4. SOCIAL SECURITY NUMBER 5. SEX			YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign				
	217-38-9499 10N	12 DF 55	- MONTHS	DAYS HOURS MIN.	(Month, Day, Year)	1 -	Country)				
	9s. FACILITY NAME (If not institution, give street and t				12-2-		MARYLand				
œ			.1	OWN OR LOCATION OF I	DEATH		Y OF DEATH				
2	Stella Maris 10 RESIDENCE OF DECEDENT	Jospice (Merc	y HUSA Bal	timore		NA					
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR	LOCATION			10d. INSIDE CITY				
E I	MARYLAND NA						LIMITS?				
1	MARYLAND NUMBER		BaLti	101. ZIP CODE			1 FYES 2 NO				
FUNERAL	8527 Stevenwo	100					EN OF WHAT COUNTRY?				
빌				21207			ISA				
3		DECEDENT EVER IN U.S. ARN		IS DECENDENT OF HISP/ yes, specify Cuban, Maxic	ANIC ORIGIN? (Specify Yeson, Pusito Ricen, etc.)	s or No- 1	4. RACE — American Indian, Black, Whits, etc.				
8	3 Wildowed 4 Divorced	ES, GIVE WAR OR DATES		YES 2 NO Spec			Specify: BLack				
	15. DECEDENT'S EDUCATION										
COMPLETED	(Specify only highest grade completed	d) (Giv	EDENT'S USUAL OCC to kind of work done du Do NOT use retired.)	UPATION ring most of working	16b. KIND OF BU	ISINESS/INDU	STRY				
7		(1-4 or 5+)	L P N		no	resci	na				
E	17. FATHER'S NAME (First, Middle, Last)		7 1 10								
		D. 1		10	AME (First, Middle, Melder	Surname)					
BE	George Washingto		JR.	Bes		que					
2	198. INFORMANT'S NAME (Type/Print)			L.	Route Number, City or Tox						
- 1	JULIUS SIMMS		2600 C.	roget D	R upper	Mail	moro 20772				
	20a. METHOD OF DISPOSITION 1 Burtal 2 Cremation 3 Removal from	20b. PLACE AI	ND DATE OF DISPOSIT	ON (Name of	1		fy or Town, Stats				
	4 Donation 5 Other (Specify)		united 1	nethodist (Jen 1296 C	wens	ville, mp				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1922 FOXEST DRIVE										
	Charles E. HICKS III House of Hicks TH Annapolis, maryland										
	23. PART i. Enter the diseeses, or complice	- 1					1				
	snock, or heart fellure. List only	y one cause on each line.	,	o mose or synig, su	cir as cerulae or resp	matory arrec	interval Between				
	IMMEDIATE CAUSE (Fine) disease or condition The second se										
	disease or condition a. TASCIITIS BACK I MOS										
	DUE TO (OH AS A CONSEQUENCE OF):										
8	Sequentially list conditions, Due to (or as a consequence of): Due to (or as a consequence of):										
A	If any, leading to immediate cause. Enter UNDERLYING CAUSE OF Polyage or Polyage CAUSE OF Polyage or Polyage CAUSE OF Polyage or Polyage CAUSE OF POLYAGE CAULAN. ACCIDENT 6 MOS										
윤	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSCOUENCE OF):										
E	resulting in death) LAST	,					į l				
CERTIFICATION	d										
	PART II. Other eignificent conditions contri	buting to deeth but not re	eulting in the unde	erlying ceuee given in	Part i. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS				
DICAL					PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MEC					- 10,123	Z JO NO	OF DEATH?				
-	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WUNCERTAIN										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
S	EXAMINER? 1 YES 2 NO 1 Inp		OTHER:		V -						
¥		DATE OF INJURY		g Home 5 🗆 Residence							
-	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	28d. DESCRIBE HOW I	INJURY OCCU	RED				
BY	2 Accident Investigation	PLACE OF IN HIEV		1 YES 2 NO							
C	3 Suicide 8 Could not be 4 Homicide determined	 PLACE OF INJURY — At hom building, etc. (Specify) 	ie, term, atreet, ractor	r, office	281, LOCATION (Street: City or Town, State)	and Number or)	Rural Route Number,				
ᄪ	an orangement of										
릴		the best of my knowledge, dest									
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated.										
	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)										
BE	Hendalott	149 (16 tx	800 1	0250	43	> /	127/06				
C 3 PE		1 - CONT	100		10	4	12/196				
임	30. NAME AND ADDRESS OF PERSON WHO COMPL	ETED CAUSE OF DEATH (ITEM	27) (Type, Print)				/ /				
۲	30. NAME AND ADDRESS OF PERSON WHO COMPLI			SAD 1.11.	no the	1/0. 1	of Rolland				
T	Kendall R. Fai	Ilkner 1	M.D. 23	300 Dula	iney Val	leyd	Ed Barto Md.				
T	Kendall R. Fai		M.D. 23	300 Duto	eney Val	leyd	Ed Batto Md.				

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the float has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-16 Ray 1/89



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 20661

						Cei	rtificate of	Death		Reg. No.			
	Dhuais		1. Decedent's Neme (First, Middle, Last)						2. Data of Death Month Dey Year				
	Physic /Medi		Robert Fulton Shaw, Jr.						June	June 29, 1996 Year 11:			
	Exami		4a. Facility Nama (If not institution	on, give street and n	umber)			4b. City, Town,	or Location of Deel	h 4c. Count	y of Deeth		
			Southern Ma	aryland Ho	spital			Clinto	on	Princ	e Geo	orge's	
	Funeral		5. Social Security Number	6. Sex	7. Age (In yrs. I	ast birthday)	If Undar 1 Yaer		Irs. 8. Deta of Bi	rth Years	9. Birth	plece (Stete or Foreign	
	Director		579-05-0684	XDM 2□F	77	Yrs.	Months Deys	Hours N	lin. July 2	28,1918	Mary	land	
	9 .		Usual Rasidance of Dacadant										
	nylar thow		10e. Stata 10b. Count	у	10c. City	, Town or Lo	cation					10d. Insida City Limits	
	Maria Ma	ctor	Maryland Prince George's Clinton									1 □ Yas 2 □ No	
	4 28 a	Directo	10e. Street and Number 10f. Zip Coda							10g. Citizan of	What Cou	ntry?	
	23a									U.S.A.			
	72 hours effer deeth with the Maryland natural', or itams 23a or 28a-f show dical Examiner must be notified at	Funeral	11. Meritel Status	12. Wes Dec	cedant Evar in U,	S. 13.1	Was Decedent of I	Hispenic Orlgin?				can Indien,	
0	or its		1 ☐ Navar Marriad 2 🔀 Ma		2 No		1 □ Yas 2 ŪŽNo	Specify:	orto riioari, oto.,		ack, Whita, ify: Whi		
2	ral',	by	3 ☐ Widowed 4 ☐ Divorce	d Yeer or I	Detes:		ILL Tas ZLZY40	эреспу.		Speci	ny: VVIII		
ก	i within 72 hours liene. r than "natural", the Medical Exe	Completed	15. Deceda	nt's Education est grade completed	n	16a. Deced	dant's Usual Occup	pation	working	16b. Kind of I	Businass/In	dustry	
0200-61212	- A	n d	Elamentary/Secondary (0-12)	Collega	(1-4or 5+)		kind of work done DO NOT use retire	nd)					
V		S	12	N	I/A	Carp	enter			-		struction	
Maryland		Be	17. Fethar's Nema (First, Middle						Name (First, Middle				
N N		2	Robert Fult	on Shaw				Net	tie Irene	Taylor			
a	d 2 should th and Mer 7 is merke traumatic		19a. Informant's Name/Ralation						Rural Route Numb				
	C TO CH -		Doris G. Sha	W		11	106 Pisca	ataway 1	Road Clin	ton, Ma	rylar	id 20/35	
o e	of Heelt fitam 2 r other		20a. Mathod of Disposition			lace of Dispo	sition (Name of natory or other pla	July	3,1996	20c. Location	- City or T	own, Stata	
Ĕ			1 ☑ Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (Was	shingt	on Nation	nal Ceme	etery	Suit	land,	Maryland	
Baitimore,	그 등 등 등	hi	21. Signature of Plineral Service	ricensee /	·	22	. Nama and Addra	ass of Facility	Lee Fun	eral Ho	me, I	nc.	
Ď	Depa Impo any ir		1/1/11	1104	-//	6	633 Old 2	Alexandi	ria Ferry	Rd Cli	nton,	MD 20735	
		Н	23a. Parti. Entar the diseasa, c	Complications that	caused the death	Do not ant	ar the mode of chi	na such se car	ties or reeniretons	erect		Approximete	
	Diametete.		shock, or haart failura. Lis	st only ona causa on	aach lina.	. 1	an into mode or dyn	mg, soon os our	side of respiretory t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Intarvai Between Onsat and Death	
>	Physician /Medical		Immediata Causa (Final	(),	0.00-	110	0. + +	- 1:	0		- 8		
	Examiner		diseasa or condition rasulting in daath)	·	System	MK	au, '	aum	4				
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	petr lisu	F		P 10	alegn	·	vono	James L	from				
	entificate be executed ding physician and se es the buriel-transit	Examiner	Sequantially list conditions, if any, leading to Immadiate causa. Entar Underlying Causa (Disease or injury	ar	Due to (or	as aconseo	uence of):	. 0			1		
08/00,	siciar buri		Causa, Entar Underlying Causa (Disease or injury that initiated evants	4 . 1	your	201	- my	and	L-				
00	phy s the	d by Physician/Medical	rasulting In death) Last Due to (or as a consequence of):								1		
×	certii ding			d				/			- 1		
9	thet the deeth certifice ed by the ettending pt detached for use es t										- 1		
9	the d		Pert II. Other significant conditi	ions contributing to d	death but not rasu	ilting in tha u	nderlying causa gi	van in Part I.				to the cause of death?	
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VII	ysician: The	To Be	25. Was casa rafarrad to medica axaminar?	1.000.000.000			0.1		Death (Check only	ona)			
5	5 00		1 ☐ Yas 2 ☐XNo		-	ER/Outpatier	I 3L DUA		g Homa 5 ☐ Ras			(y)	
		Certification:	27. Mannar of Death 1 ○ Natural 5 □ Pandi	ing 28e. Date	of Injury nth, Day Year)	28b. Tima of Injury	Wo		28d. Dascribe	how Injury occu	rred		
DIVISION	Attending r death. ector: Afte by the fune	cati	2 Accident invasi	tigation			M 1]Yas 2□No					
2	or Attendent efter deat Director: I in by the	E	3 ☐ Suicide 6 ☐ Could not be datamined 28a. Placa of Injury - At homa, farm, straat, factory, office building, etc. (Specify)						28f. Location City or To	28f. Location (Street and Number or Rural Route Number, City or Town, State)			
2	To the Hospital or Attencythin 24 hours effer death To the Funeral Director	Ce											
	To the Hospital within 24 hours of the Funeral I completely filled	edical	29a. Certifiar 1 Certifyi	ng Physician: To the I Examinar: On tha b	a best of my know	vledga, death	occurred et tha ti	ma, data end pla	ace, and due to the	cause(s) and n	nannar as s	stated.	
	the H		one	and mar	nner stated.	\wedge			oodii oo at tila tiilo	data ond place	, and doa t	0 112 0200(3)	
	O T S O D	Σ	29b Signature and title of certific	dr.	-	()	29c. Licens			29d, Date sign	ed Month	Day, Year)	
				10-	-	3	— D19	033		Leux	130	176	
			30. Name and addrass of person	who complated cau	se of death (Itam	23a) (Type,	Print)				1	1	
			John C. Pa	atterson M	1.D. 75	501 Su	rratts R	oad #201	lA Clinto	n, Mary	land	20735	
	Sta	ate	31. Deta filed (Month, Day, Year		Registrar's Signat					-			
	Regist		JUL 0 2	1996	alia oblived	sor Rand	all						
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DHMH 16 Rav 6/95

C 2 - Y 1770 - 2" 31 - 1 - 1 - 1 - 2

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

20662 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Dete of Deeth **Physician** 1996 BABY BOY STATON 0312 HR MARCH /Medical 4e. Facility Nema (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner REGIONAL LAUREL HOSPITAL PRINCE GEORGES Hours Min. 8. Dete of Birth (Month, Dey, Year) 3/28/96 5. Social Security Number If Under 1 Yeer 9. Birthpleca (State or Foreign Country) 7. Aga (In yrs. last birthdey) **Funeral** Deys NONF Director MDUsual Rasidence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mantal Hyglena. Int: If Item 27 is marked other than "natural", or items 23e or 28e-f show 10e. Stete 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f short traumatic event, the Medical Examiner must be notified at PRINCE GEORGES 1 No Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 8814 USA HAWTHORNE 20708 Funeral Wes Decedant of Hispanic Origin? (Specify Yes or No If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 12. Was Decedant Ever in U,S. Armed Forcas? Race - American Indian, Bieck, Whita, atc. 11. Maritei Status 1 Yas 2 No If Yes, Give Yeer or Detas: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 PNo Specify: þ BLACK 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) INFANT INFANT NONE NONE 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nema (First, Middla, Maiden Sumeme, Be LFE STATON 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19s. Informant's Neme/Reletionship (Type, Print) 8814 HAWTHORNE LAUREL, MD 20708 EE L STATON other t 20b. Pleca of Disposition (Nama of cemetary, cramatory or other place) 20e. Method of Disposition Data injury or 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removel from Stete permit. Page Department o Important: If any injury or once. BFI WASTE FACILITY APRIL 1996 CURTIS BAY, MD OR NO 4 Donetion 50 Other (Specify) Incineration 22. Nama and Addrass of Facility LAUREL REGIONAL HOSPITAL 21. Signature of Funeral Service Licensee 7300 VAN DUSEN ROAD LAUREL, MD 20707 ulic 23a. Part1. Enter the disease, or complications that state. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feiture. List only one cause on each line. Approximata Intervel Between Onset and Death **Physician** Immediete Ceuse (Finel diseese or condition resulting in deeth) /Medical EXTREME PREMATURITY (22 WEEKS) 13 M/N Examiner Due to (or as a consequence of): Examiner physician and the burial-transit Sequentially list conditions, if ony, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated avents resulting In death) Last Due to (or es e consequença of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): as USB signed by the ald Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ģ 24a. Was an eutopsy performed? 24b. Ware eutopsy findings available prior to completion of causa of death? Completed peen has 2 No 1 ☐ Yas 2 ☐ No or Attending Physicien: 25. Wes case referred to medical examiner? Be 28. Place of Deeth (Check only one) Hospitel: 1 Yes 2 No Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA aftar death. Director: After this funeral 27. Menner of Deeth 28e. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? 28d. Dascribe how Injury occurred Certification: 5 Pending investigation 1 Naturel 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be determined 28e. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) complataly filled in by 4 Homicide 24 hours a Funeral C 29e. Certifier 1 🗹 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted. Medical (Check only one) 2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred et the time, dete end pleca, end dua to the cause(s) end menner steted. To the To the To the 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) MD MAY 28, 1996 D38075 son who completed cause of deeth (Item 23e) (Type, Print) JAMI REYES MD, LAUREL REGIONAL HOSPITAL, 7300 VAN DUSEN RD, LAUREL MD 20707 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State Registrar

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q.C.

								Certificate of	f Death		ygiene 9		_0000
	Dh		1. Decedent's Name (First, M	fiddle, Las	st)					2. Data of I		Year	3. Time of Death
	Physici /Medi		BERNARD		LEROY		WI	ETZEL		June		996	9:35 am
	Examir	ner	4a. Facility Name (if not insti						4b. City, Town, or			ty of Death	
_			5. Social Security Number	erick 6. s	Memori		ospita yrs. last bir		Frede			Frede	
	Funeral Director		220-34-0795 Usual Residence of Deceder	1	№ М 2□ F	5	7	Yrs. Months Day		Jan.	13, 1939	9. Birth Cou	piaca (State or Foreign into) Maryland
	yland		10a. State 10b. Co			10	c. City, Tow	n or Location					10d. Inside City Limits
	Paris	ctor	Maryland I	rede	rick			Frederi	ck				1 □XYas 2 □ No
	ath with the Merylan 23a or 28a-f show List be notified at	al Director	10e. Street and Number 404 East Pa	atric	k Stree	et		10f. Zip Code	21701		10g. Citizen of	What Cou	•
020	ar, or items	by Funeral	11. Marital Status 1 Never Married 2 2 3 Widowed 4 Divo		12. Was Dece Armed Fo 1 Yas If Yes, Giv Yaar or Do	rces? 2 XNo /e	in U,S.	13. Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 ▼No	iban, Maxican, Puar	Specify Yas or I to Rican, atc.)		ack, White	ican Indian, , etc. Vhite
21215-0020	d within 72 ho piene. r than *natur r Medical	Completed	15. Dece (Specify only h Elementary/Secondary (0-	- 1	ucation de co <i>mplatad)</i> Coilega (1	-4or 5+)	18a.	Decedent's Usuai Occi (Give kind of work don life. DO NOT usa retir	a during most of wo	rking	16b. Kind of	Business/Ir	ndustry
7	DE		7 17. Father's Name (First, Mid	Idla Lact)				Constructi			Con	struc	ction
an	S E S	o Be	Sterling 3		tzel. S	Sr.				-11.	ouise Ba		
Maryland	shour man	To	19a. Informant's Name/Reia				19b	. Mailing Address (Stree					ip Code)
	CENL		Gertrude J. V	Vetze	1		4	404 East Pa	trick Str	eet, F	rederick	, Md.	21701
Baltimore,	Pages 1 and ment of Healt ant: If item 27 ury or other		20a. Method of Disposition 1 → Burial 2 □ Cramat 4 □ Donation 5 □ Other			State]	ob. Placa of cemata. Mount	Disposition (Name of ry, crematory or other pi Olivet Cem	etery Ju	ne 28,	20c. Location 1996 F		own, State cick, Maryla
Balt	permit. Pages Department of Important: If it eny Injury or o	21. Signifure of Funeral Service Licanses 22. Nama and Address of Facility Keeney and Basfo M00021 106 Fast, Church							d Basford			de Ma	arvland
	Physician		23a. Part1. Entar the diseas shock, or heart fallure.	e, or comp List only o				not antar tha mode of dy	ylng, such as cardia	c or raspiratory	arrest,	1	Approximata Interval Between Onset and Death
1	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)		THRE	MBO	770	CEREBROV	ASCULAR	-Ace	DENT		2 AAYS
,		<u>-</u>	resulting in death)			Due	to (or as a	consequenca of):				1	
	uted d ansit	Examiner	Consumation that the same distance	•	b	Duo	to for each	consequence of):				-	
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			30. Nama and address of per	son who c	ompleted cause	e of death	(Itam 23a) (Type Print)	WTH-ST	FRA			
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State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** JUNE 22, L WILLIAMS 1996 5:30 PM /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Frederick Health Care Center Frederick Frederick If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** 1□M 20F Months Deys Hours Yrs. Director 215-34-3737 Nov. 27,1913 W. Virginia Usuel Residence of Decedent 10a. Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Maryland Frederick Frederick 1 ☐ Yes 2 ☐ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 8380 Ra11 Rd./ 21701 United States 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. 11. Maritel Stetus filed within 72 hours efter of Hygiene. other than "natural", or item 1 Yes 2 No
If Yes, Give
Yeer or Detes: 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White à 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent'e Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filled wit Department of Heelth end Mental Hygiene important: If itsm 27 ie marked other tha any injury or other traumatic event, trainers 12 Homemaker own home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be John Morningstar 2 Bessie Grub 19e. informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mary Brandenburg / daughter 3132 Parks Mill Rd./ Adamstown, Maryland 21710 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 Buriel 2 □ Cremetion 3 □ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Resthaven Memorial Gard. 6-25 Frederick, Maryland 22. Name end Address of Fecility 21. Signeture of Funerel Service Licensee Stauffer Funeral Home 23a, Part. Enforthe disease, or complications thet caused the deeth. Do not enter the mode of dylng, such es cardiec or respiretory errest, shock of heart feilure. List only one ceuse on each line. 1621 Opossumtwon Pike/ Frederick, Md. Approximete Intervel Between Onset end Deeth **Physician** /Medicai Immediate Cause (Final disease or condition resulting In deeth) Examiner Due to (of es e consequence of): Physician/Medical Examiner The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Last pue Due to (or es e consequence of): Records. P.O. Box 68760, attending physician for use es the buna the Due to (or es e consequence of): USB BS signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3☑ Probably 4 ☐ Unknown þ 24b. Were eutopsy tindings aveilable prior to completion of cause of death? 24a. Wes en eutopsy performed? Completed page 2 s 2 No 1 ☐ Yes 2 No 1 Yes certificate Division of Vital To the Hospital or Attending Physician: "within 24 hours effer deeth.

To the Funeral Director: After this certifica completely filled in by the funeral director; p Be 25. Wes case referred to medical 28. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 ☐ InpatIent 2 ☐ ER/Outpatient 3 ☐ DOA P 1 Yes 2 No 28e. Dete of Injury (Month, Dey Year) Certification: 27. Menner of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide 29a. Certifier ধ Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end manner es steted. edicai 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end pleca, end due to the ceuse(s) end menner steted. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) D05111 June 22, 1996 30. Neme and eddress of person who completed cause of death (Item 23a) (Type, Print) 700 Montclaire Ave. Frederick, MD

State Registrar

Robert S. Hughes, M.D.

31. Dete filed (Month, Day, Yeer)



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month LEROY WAGNER 1996 June 24 10:25 AM **GEORGE** /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner Allegany Cumberland Memorial Hospital & Medical Center | If Under 1 Yaar | If Under 24 Hrs. | 8. Date of Birth (Month, Day, JUNE 22 7. Aga (In yrs. last birthday) 83 yrs. 9. Birthpleca (Stata or Foreign **Funeral** 1⊠ M 2□ F 214-07-0488 MARY LAND Director 1913 Usuel Residence of Decedent the Maryland 10a. State 10b County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f show treumetic event, the Madical Examiner must be notified at ALLEGANY CUMBERLAND 1 Yas 2 No MARYLAND Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 12808 OLD CHURCH LANE N.E. U.S.A. 21502 permit. Pages 1 and 2 should be filed within 72 hours efter death Department of Heelth and Mental Hygiene. Important: if flam 27 is marked other than "staturel", or fleme 23, any injury or other treumetic avant Funeral 12. Was Decedent Ever in U,S. Armad Forcas? 1 ∑Yes 2 ☐ No If Yes, Give Year or Detes: ₩₩1 1 14. Race - Amaricen Indian, Black, White, etc. Was Decedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 Specify: WHITE 1 ☐ Yas 2 ☒ No Specify: þ 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grada complated) Elementery/Secondery (0-12) Coilege (1-4or 5+) COST ACCOUNTANT KELLY SPRINGFIELD TIRE CO. 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be PEARL VIRGINIA SHANHOLTZ 2 JOHN WAGNER 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) 12808 OLD CHURCH LANE N.E. CUMBERLAND MARYLAND 21502 HERMINA WAGNER WIFE 20a, Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, crametory or other place) 20c. Location - City or Town, Stete Burial 2 Cremation 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) SUNSET CEMETERY JUNE 26 1996 CUMBERLAND MARYLAND 21. Signature of Funeral Service Lie 22. Name and Address of Facility
MERRITT-ADAMS FUNERAL HOME emu 404 DECATUR STREET CUMBERLAND MARYLAND 23a. Pert1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such es cardiec or respiretory errest, shock, or heert feilure. List only one ceuse on each line. Approximete interval Between Onset end Deeth Physician /Medical Immadiate Causa (Final Respiratory failure 4 days disease or condition resulting in deeth) Examiner Due to (or es e consequence of): b. Extensive bilateral pneumonia 2 weeks the buriel-trensit requires that the death certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last and Due to (or es e consequenca of): Box 68760. attending physician Physician/Medical Due to (or es e consequance of): 93 P.O. I signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Cardiomyopathy, congestive cardiac failure, bilaterl Records. þ 24b. Were eutopsy findings evailable prior to Completed 24e. Wes en eutopsy peen pleural effusion completion of causa of deeth? certificate hes 20 No 1 ☐ Yes 2 ☐ No 1 Yas Division of Vital Physician: Be 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Othar: 4 ☐ Nursing Homa 5 ☐ Rasidence 6 ☐ Othar (Specify) 0 1 Yas ≥ No 1 Inpatiant 2 ER/Outpatient 3 DOA After this funeral To the Hospital or Attending Physicial 24 hours effect death.

To the Funeral Director: After the completely filled in by the funeral 27. Mennar of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury et Work? 1 Neturel 2 Accident 5 Pending i effer deeth.
I Director: Afti 1 Yes 2 No invastigation 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 T Homicide 1 Sertifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date and plece, end due to the cause(s) end manner steted. 29a. Certifier (Check only one) 29b. Signetura and title of cartifier 29c. Licanse number 29d. Deta signed (Month, Day, Year) 1996 June D19318 pes 30. Name end eddress of person was completed cause of death (Item 23a) (Type, Print) 517 Oldtown Road Cumberland, Md. 21502 Dr. Ranjithan 31. Deta filed (Month, Dey, Year) 32. Registrer's Signature State

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Registrar

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Phys /Me	dica	ıl .	Thomas	Edward		Wise		June	27	1996	4:50 AM
Exar	nine	r	4a. Facility Nama (if not institution, give				4b. City, Town, or I	ocation of Deeth	4c. County	of Death	
		4	Voctors 5. Sociei Security Number 6. S	Community +			Lanha	.m 8. Dete of Birth	Prin	ce Ge	orges'
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permit. Pa Department Important: any injury	8		21. Signature of Pilneral Service Licen		22	Nama and Add	rass of Facility				,,,,
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Dev ADKINS 25,1996 VIRGINIA BRITTINGHAM JUNE 0052 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** WICOMICO SALISBURY PENINSULA REGIONAL MEDICAL CENTER 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 9. Birthplace (State or Foreign Country)
MD • 7. Age (In yrs. lest birthday) **Funeral** Deys Hours 1□ M 2♥ F 70 Yrs Director 218-20-7470 Usual Residence of Decedent tha Maryland 10e Stete 10b Counts 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at MD. WICOMICO WILLARDS 1 ☐ Yes X☐ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 Items 23a 5962 MASSEY CROSSING ROAD 21874 U.S.A. Funeral 12. Wes Decedent Ever in U,S Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, spacify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. filed within 72 hours aftar 1 Never Merried 2 Merried 1 ☐ Yes 2 ☑ No If Yes, Give Year or Deles: Baltimore, Maryland 21215-0020 1□ Yes 2 No "natural", or Specify: WHITE by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Department of Haalth and Mental Hygiena. Important: If Item 27 is marked other than Elementery/Secondery (0-12) College (1-4or 5+) BOOKKEEPER DEPT. STORE 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) Be Pagas 1 and 2 should be IRA W. BRITTINGHAM ALBERTA MAE COULBOURNE 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) WILLIAM S. ADKINS - SPOUSE 5962 MASSEY CROSSING ROAD, WILLARDS, MD. 21874 20b. Pleca of Disposition (Name of cometery, crematory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 XBuriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Dopation 5 ☐ Other (Specify) MT. PLEASANT CEMETERY 6/28 WILLARDS, MD. 5 Other (Specify) 21. Signature of Funerel Service Licenses 22. Name end Address of Facility 21804 BOUNDS FUNERAL HOME, 705 E. MAIN ST., SALISBURY, MD. 234. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heert failure. List only one ceuse on each line. Approximete Intervei Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) Examiner Due to (or es a consequence et) Examiner OCSNAIS To the Hospital or Attending Physicien: The lew requires that the death certificate be associted within 24 hours after death.

To the Funeral Director: After this certificate hes been signed by the attending physician and completally filled in by the funeral director, page 2 should be deteched for use as the burstarisit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Diseese or Injury that initieted events resulting in deeth) Lest Doe to (or es e consequence Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) 1 ☐ Yes 1 Inpatient Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Dey Year) 27 Manner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending investigetion 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be Location (Street end Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homloide Medical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) and menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date and placa, and due to the cause(s) and manner steted. 29d. Dete signed (Month, Dey, Year) 29c. License number 29b. Signature and title of certifier 20441 who completed cause of deeth (Item 23e) (Type, Print) 403 auHas 31. RAFFETTO m.s. Depisy to Sidney Co State Registrar

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State of Maryland / Department of Health and Mental Hygiene 95 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month ARTHUR ANDERSON 10:30 AM 1996 June 06 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Mary's Charlotte Hall St. Charlotte Hall Veterans Home If Under 1 Year | If Under 24 Hrs.
Months | Deys | Hours | Min. 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, June 7 5. Sociel Security Number Birthplece (State or Foreign Country) **Funeral** Deys 1 M 2□ F Months 228-12-6228 Yrs Director ,1918 Shelby, Usual Residence of Decedent permit. Peges 1 end 2 should be filled within 72 hours efter death with the Meryland Department of Health end Mentel Hyglene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once. 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Yes 2 No Washington Directo D.C. 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? USA 20011 6001 4th Street N.W. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Reca - American Indien, Bleck, White, etc. Y Yes 2 No If Yes, Give Yeer or Detes: WWII 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify:Black Ď 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working iife. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry General Services Elementery/Secondary (0-12) College (1-4or 5+) Guard Administration 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Iona Gordon 2 Harrison Anderson 19e. informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6001 4th St. N.W. Washington, DC 20011 Annie Mae Anderson 20b. Piece of Disposition (Name of cemetery, crematory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 2 Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Lincoln Cemetery 6-11 Brentwood, Md. 21. Signeture of Funeral Service Licensee 22. Neme end Address of Fecility
Marshall's Funeral Home, Inc. 4217 9th St. N.W. Washington, DC 20011 23a. Parl. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, spock, or heer feilure. List only one ceuse on eech line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Chronic arteriosclerotic Cardiovascular disease Examiner Due to (or es e consequence of): Examiner b.Chronic heart failure physician end the buriel-tran Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Last Due to (or es e consequence of): chronic seizure disorder Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or es a consequenca of) esn ŏ signed by the at d be detached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings evailable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed peed hes 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No certificate a Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certific funeral director, 25. Wes case referred to medical Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpetlent 3 DOA 27. Menner of Deeth 28e. Dete of injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: 5 Pending investigation 1X Netural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, term, street, tactory, office building, etc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, State) tompletely filled in by 4 Homicide HE Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, dete end piace, and due to the cause(s) end menner steted. cai 29e. Certifier To the 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D12705 JUNE 6 1996 30. Neme and eddress of person who co item 23a) (Type, Print) Emad R. Al-Banna 1050 Solomons Island Road Prince Frederick, Md. 20678

State Registrar

31. Dete tiled (Month; Day, Year)

32. Registrer's Signeture

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State of Maryland / Department of Health and Mental Hygiene 96 20660

					Ce	ertificate of	Death		Reg. No.	0 4	0009
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	Physici /Medic		ERIC A.		A	NDERSON		JUNE			2:55 AM
	Examir		4a. Facility Nama (If not institution, give street a				4b. City, Town, or Lo		4c. County	of Death	
L			PRINCE GEORGES HO				CHEVERLY				ORGES
	Funeral Director		5. Social Security Number 214-90-3719 Cusual Rasidance of Decedant	7. Aga (in yi	rs. last birthday Yrs.	Months Days		8. Data of Bir (Month, Da 9/22/	y, Year)	9. Birthplac Country Wash.	e (Stata or Foraign
	Mend Mend		10a. Stata 10b. County	10c.	City, Town or L	ocation.				10d	. Insida City Limits
	Men	tor	Md. P.G.	L	andove	er					X□ Yas 2□ No
	or 28	Director	10e. Street and Number			10f. Zip Coda			10g. Citizan of V	Vhat Country	7
	23a		6510 W. Forest	Rd.		20	785		U.	S.A.	
Maryland 21215-0020	be filed within 72 hours after death with the Meryland tiel thygiene. d other than "natural", or items 23a or 28a-f show event, the Medical Evarines must be notified at	by Funeral	1 Nevar Married 2 Married 1 If Y	s Decedant Evar in ned Forces? Yas 2⊠ No as, Giva ar or Datas:	U,S. 13.	. Was Decedant of If Yas, specify Cul 1 ☐ Yas 2 ☑ No	Hispanic Origin? (Sp ban, Maxican, Puarto Specify:	ecify Yas or No Rican, atc.)	14. Race Blace Specify	e - Amarican ek, Whita, ato : Bl	
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re,	es 1 end 2 of Health f Rem 27 I		20a. Mathod of Disposition	20b	. Place of Disp	position (Nama of	acel	Data	20c. Location -	City or Town	n, Stata
Ë	Peges nent of i		1 Buriai 2 ☐ Cramation 3 ☐ Ramova 4 ☐ Donation 5 ☐ Othar (Specify)	from Stata G	lenwoo	amatory or other placed Cem.	6/1	7/96	Washi	ngton	D.C.
Baltimore,	permit. Pages 1 and 2 should Department of Health and Men Important: if Item 27 is marke any Injury or other traumatic once.		21. Signature of Funarai Sarvice Licensee		2	22. Nama and Addr	ass of Facility	2 2 2	na ina		
m	20 = 3		Dany M.	Pratt	22. Nama and Address of Facility H.S. Washington & Sons, inc. 4925Burroughs Ave., N.E.						
	Physician /Medicai Examiner		23a. Part1. Enter the disease for complications shock, or heart failure. List only one cause immediate Cause (Final disease or condition resulting in death)	Gurs	Lat (or as a conse	Warn	d of C	Lest		i In	pproximata itarval Between inset and Death
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á	of afferd	Certification:	Homicida	building, atc. (Spec	cify)	DADRU	rck	Cityor To	m, Stata)	35 A	ace SE
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			31. Data filed (Month, Day, Year)	32 Begistrar's Sig	1 Peni	n Stree	t, Balti	more,	Maryla	nd 21	201

Registrar

JUN 25 1996 July Wheeler Reveals

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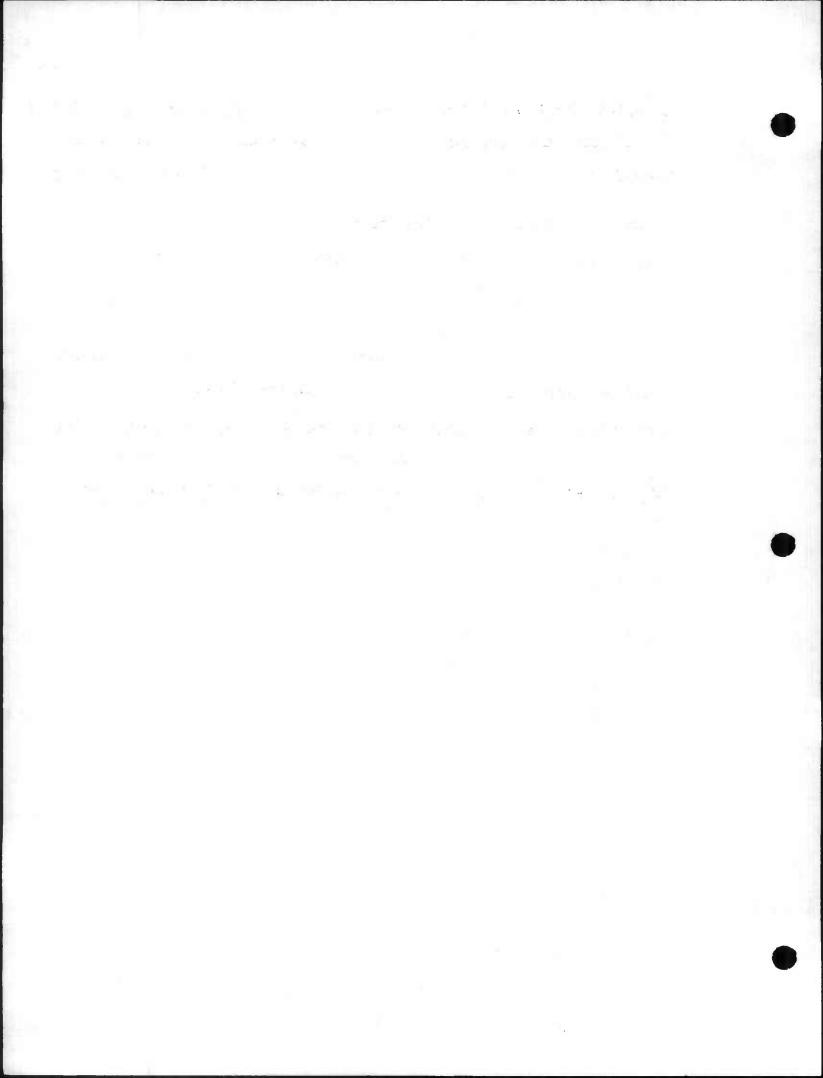
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State of Maryland / Department of Health and Mental Hygiene 96

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State of Maryland / Department of Health and Mental Hygiene 96

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	gne d	þ																
Records,	- W D	8											24e. We	s en euto	opsy	24b. Wa	ra autopsy findir ilabla prior to	ngs
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of	this aldi	2	1 ☐ Yas 2 ☑ No 27. Mannar of Death		1,63	Inpatient	2 ER/Ou			/A	4 🗆 140	ursing Ho	oma 5 Res)	
5	at an	Certification:		Panding		of Injury oth, Dey Ye	ear) 280. 1	Tima of nju r y		8c. Injur			28d. Describe	now inju	iry occui	rea		
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Ξ	tar d Irect	Ē	3 ☐ Sulcida 4 ☐ Homicide 3 ☐ Sulcida 4 ☐ Homicide 3 ☐ Sulcida 4 ☐ Homicide 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify)										28f. Location City or To	(Straat a	nd Numi le)	ber or Rura	Routa Number,	
	a af	Ce					J.,											
	To the Hospital or Attending is within 24 hours aftar death. To the Funeral Director: Aftar complataly filled in by the funer	cal	29a. Certifiar 12 (Check only 2	Certifying Ph	ysician: To the	a best of m	y knowledga	, daath	occurred :	at Iha tir	ne, date en	d place,	and dua to the	a ceusa(s	s) and m	annar as st	ated.	
	he H he F	edical	one)	Madical Exal	niner: On tha b and man	ner stated		d/or inv	estigation,	in my o	pinion, das	itn occur	red at tha tima	, data er	ia piace,	and dua to	tna cause(s)	
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			20 Name and address :	f namest-	nompleted	00.06.4	(ltom co.)	Tues 5	Deint's									
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	Registi	al	JUL	T 12	July Did		200											

The property of the second of TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Vasant Datta

31. DATE FILED (Month, Day, Year)

JUN 2 6 1996

	FOR STATE REGISTRAR		STATE OF I	MARYL		DEPARTI					MENTA	L HYGIEN	E				
	1. DECEDENT'S NAME (First											OF DEATH			3. TIME OF	DEATH	
- 8	David	Westl	.ey		Athe	rholt					TILL	ne 26,		YEAR	1:03	Δ	м
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE	(In yrs. les	t birthday)	F UNDER 1	YEAR	IF UNDER	24 HRS.	7 DATE	OF BIRTH		a BIRTI	ADI ACE (State	o or Foreign	,
	189-05-18		1 💢 M 2 🗌 F		74	YRS.		DAY8	HOURS	MIN.		t.21,1				nia	
~	9a. FACILITY NAME (If not in					9	b. CITY, 1	rown (OR LOCATI	ON OF D	EATH		9c. COU	INTY OF E	EATH		
DIRECTOR	Avalon Man		e Inc.				Hag	ers	town				Was	hing	ton		_
Ĕ.	10a. STATE	10b. COUNTY		-		10c. CITY,	OWN OR	LOCA	TION		_				10d. INSIDI		
	Maryland	Wasi	nington			На	ger	st	own						1 YES	2 XNO	
A	10e. STREET AND NUMBER							10	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNT	TRY?	
5	14014 Mar	sh Pi	ke						217	42			U.	S.A			
FUNERAL	11. MARITAL STATUS		12. WAS DECEDED				13. W	AS DEC	ENDENT (OF HISPAI	NIC ORIGI	N? (Specify Yes	or No-	14. RAC	E — America k, White, etc.	n Indian,	
ВУ	1 Never Married 2 X		IF YES, GIVE	WAR OR D	ATES	ITT			2 7 NO			Ricen, atc.)		Spec			
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COMPLETED	15. DEC (Specify only	EDENT'S EDUC y highest grade	completed)		(Gi	CEDENT'S US ive kind of wor Do NOT use r	k done du	L OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY									
ا ڌ	Elementary/Secondary (0)-12)	College (1-4 or 5	+)			,							.			
Ž	17. FATHER'S NAME (First, M	Malatta (== 0)			D	ookbi	nue	T	Government Printing Offic					е			
	Loren	HOOIe, Last)		۸	+hor	holt.				aze		Middle, Malden	Surname)		Even		
8	19a. INFORMANT'S NAME (I	(F2-(1)													Evar	18	_
입	Mattie T.	,,	nhol+									chellv			207	04	
			THOIC							ane,				_		<u> </u>	
-	20a. METHOD OF DISPOSITION 1\(\) Burlai 2 \(\) Cremetion 3 \(\) Removal from Stata 4 \(\) Donation 5 \(\) Other (Specify)									06-		76 Dal				ania	
	21. SIGNATURE OF FUNERA		Brac	du	8							Funer					
-				1								reet,			wn, M	d. 2	1/4
	23. PART I. Enter the d ahock, or h	eart fallure.	omplicationa the List only one car	ift cause: use Dn e	d the de ach line	ath. Do not	enter t	he mo	ode of dy	ing, auc	h as ce	diec or respi	ratory er	rest,		val Betwe	een
- 1	IMMEDIATE CAUSE (Fir disease or condition						0900								Onse	et and De	ath
	resulting in death)	→ ,	n		No	th	ACL	-tr	M	300 Ca	ndh	and o	an c	an	1	me	
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윤	CAUSE (Disease or Inju		cDUE TO	OR AS	CONSEC	DUENCE OF):											_
CERTIFICATION	resulting in death) LAS	т		•													
핑	d													-			
AL	PART II. Other algoriticant conditions contributing to death but not resulting in the under						erlyin	g cause	given in	Part I.	24a. WAS AN PERFOR		248	WERE AUTO		igs	
	chouse o	bline	ha Pul	ma	> 0	nne	h					1 TYES 2			COMPLETIO OF DEATH?	N OF CAUS	ε
PHYSICIAN: MEDIC	Parking	Din	ian or	Lism	zel	iling -	280	U.	me			ĺ					- 1
ž	multi is	peret	arm	enti				1 U YES 2 NO									
ĕ.	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL						26. PLACE OF DEATH (Check only one)									
Si	1 TYES 2 INO		HOSPITAL:	☐ ER/Out	petient 3		Nursi		ne 5 🗆 R	esidence	6 🗆 Oth	er (Specify)					
到	27. MANNER OF DEATH	ATT COLUMN	26a. DATE OI (Month, I	F INJURY Day, Year)		26b. TIME (JURY AT		28d. DE	SCRIBE HOW I	NJURY OC	CURED			
BY		Pending Investigation		,		111001	M	WORK? 1 YES 2 NO									
	3 Suicide 6 Could not be 26s. PLACE OF INJURY — At home, ferm, street, lectory, building, stc. (Specify)						y, offic	in .		26f. LO	CATION (Street &	and Numbe	or Aural	Route Number	ζ.		
2	4 Homicide determined						City or Town, State)										
7	29s. CERTIFIER (Check only (Check only)							e time, date and place, and due to the cause(a) and menner as stated.									
S (time, date and place, and due to the cause(a) and menner as stated. opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.				j.						
	29b. SIGNATURE AND TITLE						_		_				29d. DATE SIGNED (Month, Day, Year)				
B			tzsth	ME	>			29c. LICENSE NUMBER 20d. DATE SIGNED (Month, Day, Your) D 18019 Tune 26, (496									
요	30 NAME AND ADDRESS OF	7-41	D 18019 Dun 26, 1996						_								

334 Mill Street, Hagerstown, Md. 21740

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** LEON HUSTIN JUNE 23,1996 2122 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplece (Stete or Foreign Country) **Funeral** 1**№** M 2□ F Yrs. **Director** 221-10-8615 AUG. 24,1923 CONN Usual Residence of Decedent 10e, Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Directo WICOMICO PARSONSBURG 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 5 permit. Peges 1 and 2 should be filed within 72 hours effer death 1 Depertment of Heelth and Mentel Hyglene.
Important: If item 27 is marked other than "netural". 31993 OLD OCEAN CITY ROAD Funeral 21849 U.S.A. 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 14. Race - American Indien, Bleck, White, etc. 1 ☐ Yes 2 📉 No If Yes, Give Year or Detes: 1 Never Married 2 Merried 1 Yes 2 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) DRIVER POULTRY CO. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be CLIFFORD LINDSAY AUSTIN ELIZABETH BRAINARD 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) RUTH AUSTIN 31993 OLD OCEAN CITY RD., PARSONSBURG, MD. 21849 20b. Plece of Disposition (Neme of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1X Burial 2 ☐ Cremetion 3 ☐ Removei from Stete 6/27 4 Donetion 3 ☐ Other (Specify) BETHEL CEMETERY SALISBURY, MD. 21. Signeture of Furnerel Service Licensee 22. Name end Address of Fecility 21804 BOUNDS FUNERAL HOME, 705 E. MAIN ST., SALISBURY, MD. una Part 1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feiture. List only one ceuse on each line. Approximete Intervel Between Onset and Deeth **Physician** few heun. Ventricular any 1/2mm /Medical Immediete Ceuse (Finel diseese or condition resulting in death) Probable Examiner Examiner Hospertousine fleart disease To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours effect death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the burlet-liensit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in deeth) Lest Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? LBBB. Parstysnol atrol (ib 1 Yes 2 No 3 Probably 4 Unknown à Completed 24a. Wes en eutopsy performed? 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No Be 25. Wes cese referred to medicel examiner? 28. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Medicai Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homlcide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) and menner as stated.

2 Medical Examiner: On the best of examination end/or investigation, in my opinion, death occurred et the time, dete end place, end due to the ceuse(s) end menner stated. 29e. Certifier 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Neme end eddress of person the completed cause of deeth (Item 23e) (Type, Print) BAU ARATHAN, M.D. C BASTERY SHOPE

State Registrar

31. Dete filed (Month, Dey, Year,

32. Registrer's Signeture

JUN 26 1996 Jak Davelson Rardell

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	Exami		4a. Fecility Nema (3573			41	b. City, To	wn or Lo	cation of De		ounty of Deeth	
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	Funeral		5. Social Sacurity N		Self 1DM 2□ F	7. Aga (In yrs	3 Yrs.	If Under 1 Months [Year Deys	if Under Hours	24 Hrs. Min.	8. Dete of (Month,	Birth Dey, Year) 1, 194	9. Birth	placa (State or Foreign ntry)
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	and w		10a. State	10b. County		10c. C	City, Town or L	ocation							10d. inside City Limits
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Baltimore, Maryland 21215-0020	permit. Pages 1 Department of H Important: If ter any injury or oth		20a. Mathod of Disp 1 Burlei 2 4 Donetlon	oositlon □Cramation 3 5 □Other <i>(Spec</i>	☐Removei from	Stelle		osition (Name metory or othe Memori				Data 6/25		tion - City or T	
alt	Departmen Important: any Injury		21. Signature of Eu	narel Service Lic	pnsee	1		2. Name end Alexar	Addres	s of Fecilit	Bono	Funor	cal Hom	O.C.	
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2	or A Sifter Olrec	Certification:	4 Homicide	determine	d 200. Place build	e of Injury - At I ing, etc. (Spec	nome, term, s cify)	reet, rectory, c	OMICO				Town, Stete)	Valider of Har	ar noute rumber,
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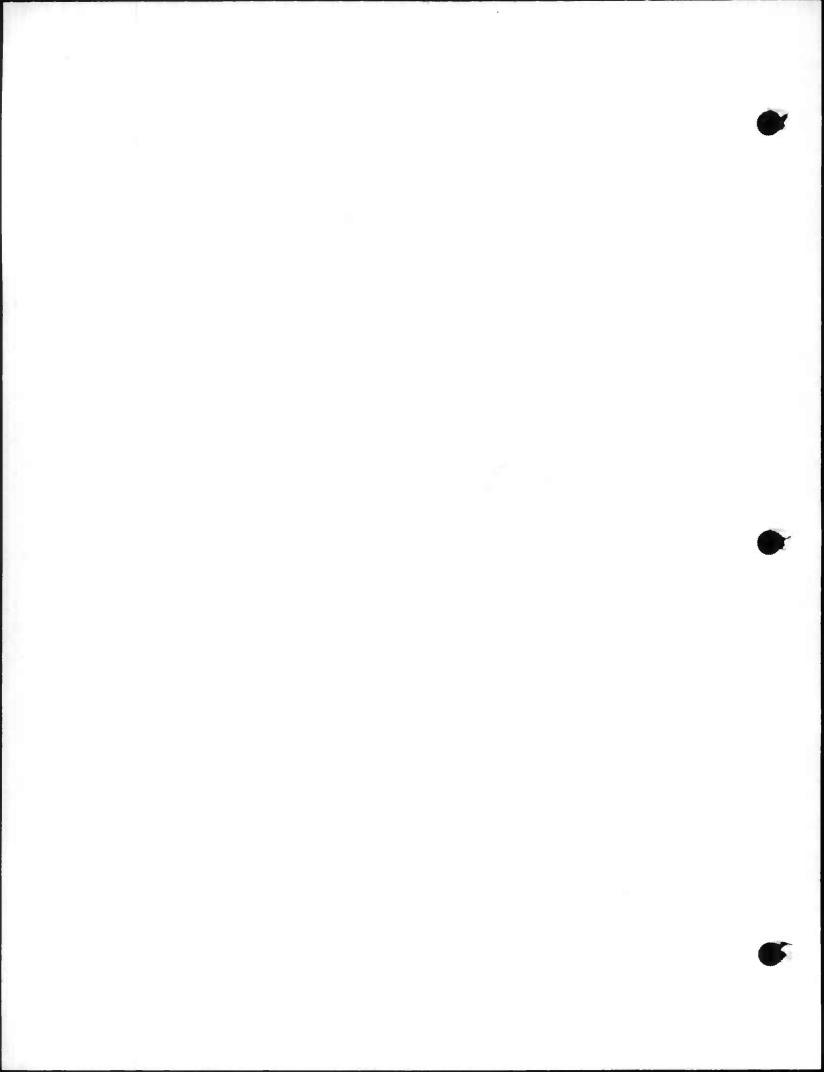
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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.
DIV	TO THE HOSPITAL OR A

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR	CERTIFI	CATE O	F DEATH	REG. N	10.				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH			3. TIME OF DEAT	тн	
	Myra Ellen Barnett				June 20.	1996	YEAR	4:48 A	Δ	
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE	E (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH	1770	8. BIRTI	HPLACE (State or Fo	oreign	
	578-56-9365 1□ M 2 🏋 F	53 YRS.	MONTHS DAYS		October 20	1942	Mar	yland		
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DE			INTY OF D	<u> </u>		
OR	816 Fox Chase Drive	ŀ	Great	Mills		St	. Ma	ry's		
5	RESIDENCE OF DECEDENT								_	
DIRECTOR	10s. STATE 10b. COUNTY		TOWN OR LOC					10d. INSIDE CITY	1	
	Maryland St. Mary's	G ₁	eat Mi					1 TES 2X	NO	
FUNERAL	10e, STREET AND NUMBER		1	10f. ZIP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?		
NEI	816 Fox Chase Drive			20634		Un	ited	States		
E	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS DI	ECENDENT OF HISPAN specify Cuban, Mexican	C ORIGIN? (Specify)	fea or No-	14. RAC	E — American India	en,	
ВУ	3 Widowed 4 Divorced IF YES, GIVE WAR OR			ES 2 NO Specify			Spec	elly:		
	15. DECEDENT'S EDUCATION							ack		
ETED	(Specify only highest grade completed)	(Give kind of we life, Do NOT use	ork done during r		16b. KIND OF 8	USINESS/IN	DUSTRY			
7	Elementary/Secondary (0-12) College (1-4 or 5+)				NI /A					
COMPL	1 1. 17. FATHER'S NAME (First, Middle, Last)	N/A	7		N/A					
-	1				ME (First, Middle, Malde	,				
BE	George Brazier 19a. INFORMANT'S NAME (Type/Print)				sa Blackw					
5				t and Number or Rural R				WD 001		
	Thomas I. Gross, Jr.			d Steuart) / 4	
	4 FT - 4 4 - FT	ob. PLACE AND DATE OF oth St. Mark S	r DISPOSITION (i ler place)		1	OCATION -			.1	
	4 Donation 5 Other (Specify)	ot. Hark S	_	AND ADDRESS OF FAC	24/96 Val	теу 1	Lee,	riaryland	u_	
	11/11/1/18/Went			sfield Fu		e. P.	Α.			
	Michael K. Blankenship		,	Box 279,		-		land 206	550	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	A CONSEQUENCE OF	-7	Lun				Onset and)	
2	PART II. Other significant conditions contributing to deeth	but not resulting in	the underlyl	ng cause given in F	Part I 24 MAG 4	IN AUTOPSY	245	. WERE AUTOPSY FI	NIPUN	
MEDICAL				The state of the s	PERFO	DRMED?	240	AMILABLE PRIOR 1 COMPLETION OF CO OF DEATH?	TO	
	DID TOBACCO USE CONTRIBUTE TO CAUSE (OF DEATH YES	I ON []	T HNCEPTAIN				19 YES 21 N	10	
SICIAN	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH						10 11	•	
Sic	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Out		OTHER:	me S Basidance 6	Other (Specific)					
Ŧ	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d DESCRIBE MOW IN HID COCCUSED.									
∠ P	1 K Netural 5 Pending (Month, Day, Year) INJURY WORK?									
D BY	3 Suicida 8 Could not be 288. PLACE OF INJUTY — At homa, farm, atreet, factory, office 288. LOCATION (Street and Number or Rural Route Number of Rural Rou									
ш	4 Homicide detarmined building, stc. (Sp.	ecify)			City or Town, Stat	(e)				
MPLET	29a. CERTIFIER 1 OBBITIFYING PHYSICIAN: To the best of my known	winder doub convert	Let the time de						_	
COMF	one) 2 MEDICAL EXAMINER: On the balls of examinati							a) and manner as at	tated	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	MOS	M	29c. LICENSE NUMI	649	29d. DAT	E SIGNED	(Month, Day, Year)	/	
	30. NAME AND ADDRESS OF TERSON WHO COMPLETED CAUSE OF D							1 /		
J. Patrick Jarboe, M.D./ Leonardtown, Maryland 20650										
	31. DATE FILED (Mohith, Day, Year) JUN 2/5 1996	MATILINE								
		-								



State of Maryland / Department of Health and Mental Hygiene 20676 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth #Physician Month June 27, 1996 Yeer Charles Cadmus BARTLES 7:55 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Ravenwood Lutheran Village Hagerstown
If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min.

Hagerstown

8. Dete of Birth
(Month, Dey, Year) Washington 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 XM 2□ F Yrs. Director 217-16-2744 76 Aug. 4 1919 Maryland Usual Residence of Deceden the Maryland 10a. State r than "natural", or items 23s or 28s-f show 10b. County 10c. City, Town or Location 10d. inside City Limits Director 1 ☐ Yes 2 No Maryland Washington Hagerstown 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? death with 17916 Broadfording Road 21740 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ∏Yes 2 ☐ No If Yes, Give Yeer or Dates: W.W. II Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indien, Black, White, etc. filed within 72 hours efter 1 Never Married 2 Married 21215-0020 Specify: White 1 Yes 2 No Specify: Be Completed by 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working lifa. DO NOT usa ratired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Hygiene. Collage (1-4or 5+) Elementery/Secondary (0-12) 0 - 8Supervisor Aircraft Pages 1 and 2 should be filed w thent of Heelth and Mental Hygie rlant: if Item 27 is marked other ti Jury or other traumatic event, Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) 0 Charles C. Bartles, Sr. Nora Shank 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Jeanette L. Bartles /Wife 17916 Broadfording Road Hagerstown, Md. 21740 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Locetion - City or Town, Stete 1 Buriel 2 □ Cremetion 3 □ Removel from State permit. Page Depertment of Important: If any Injury or 4 ☐ Donetion 5 ☐ Other (Specify) Rose Hill Cemetery 6/29/96 Hagerstown, Maryland 21. Signeture of Fyrmal Service Licensee M. Name end Address of Fecility Minnich Funeral Home 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest,

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Approximately 15 E. Wilson Blvd. Hagerstown, Md. 21740 Approximete Intervel Between Onset end Death **Physician** /Medical Immediete Ceusa (Final disease or condition rasulting In deeth) **Examiner** Examiner The law requires that the deeth certificate be executed Sequantially list conditions, if eny, laeding to immediate ceuse. Entar Underlying Couse (Disease or injury that initiated events resulting in deeth) Lest is certificate has been signed by the ettending physician end director, page 2 should be deteched for use es the bunial-tran Dua to (or as e consequence of): P.O. Box 68760, Physician/Medical Due to (or es e consequence of): Pert ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobecco use contribute to the cause of death? VAreula) 1 ☐ Yes 2 1 No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, þ Be Completed 24e. Wes en eutopsy performed? 24b. Were eutopsy findings evaileble prior to completion of ceuse of deeth? 2 No 1 Yes 1 ☐ Yes 2 ☐ No or Attending Physician; 25. Wes case referred to medica axeminar? 26. Plece of Death (Chreck only ona) 1 Yes 20 M Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA within 24 hours after death.

To the Funeral Director: After this 27. Manner of Deeth 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 ☐ Suicide 28e. Plece of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 6 28f. Location (Straet and Number or Rurel Route Number, City or Town, Steta) 4 Homicide 1 Certifying Physicien: To the best of my knowledga, deeth occurred at the time, data and piece, end due to the cause(s) end menner es steted.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, daath occurred at the time, date and piece, and due to the cause(s) end menner stated. (Check only 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Yeer) CHAN, MO

State Registrar 30. Name and address of person who completed ceusa of deeth (Itam 23e) (Type, Print)

TWA

31. Dete filed (Month, Day, Yeer)

32. Registrer's Signature

JUN 2 8 1996 White American

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

20677

Physic /Medi		1. Decedent's Nem	e (First, Middle, L NETH	Last)		BAYLO	3		2. Date of I		15+ 19	eer .	3. Time of Death
Exami		4a. Fecility Name (I	lf not Institution, g Y CROSS						SPRING	-	County of C		
Funeral Director		5. Social Security N 228-44-		Sex 1 M 2□ F	7. Age (In yrs	. last birthday) Yrs.	If Under 1 Year Months Days			Birth Dey, Year) / 39	9. CA	Birthplace Country) AROLI	e (Stete or Foreign NE CO., V
and **		Usual Residence of 10e. Stete	Decedent 10b. County		10c. C	ity, Town or Lo	ocation					10d.	inside City Limits
the Marylar 28a-f show notified at	tor	DC	N/	A			INGTON					1.00	1 No 2 □ No
or 28s	Director	10e. Street and Nur	mber				10f. Zip Code			10g. Citi	zen of Whe	et Country	7
23a	Tai	471	6 3rd PL	ACE NW	#1		20	011			USA		
within 72 hours after deeth with the Maryland ene. then 'restural', or items 23e or 28e-f show re Medical Examiner man be notified as	by Funeral	11. Meritel Stetus 1 ☐ Never Merri 3 ☐ Widowed	ied 2K Merried 4 □ Divorced	Armed Fe	2 No		Wes Decedent of If Yes, specify Cul 1 ☐ Yes 2 🔀 No		(Specify Yes or erto Rican, etc.)			American White, etc. BLAC	
"natural", or	20		15. Decedent's I	Education		16a. Deced	dent's Usuel Occu	pation	Section 1	16b. Kli	nd of Busin	ness/Indus	try
a. a. an a	Completed	(Speci	cify only highest g) (1-4or 5+)	(Give	dent's Usuel Occu kind of work done DO NOT use retin	during most of ved)	vorking				
be filed within tal Hygiena.	5	12 YEA	RS	NOI		COOF	ζ				CAURAN	NTAL	
2 should be filed within and Mental Hygiena. Is marked other than aumatic event, tra M	To Be		HARKER			_		DO	lame (First, Midd)RRINE B	AYLOR		F	
Heelth and 2 should be the short of the shor		19e. Intorment's Na SHIRLEY	ame/Relationship DUNSON				ME AS 13			nber, City o	r Town, Ste	ete, Zip Co	ide)
permit. Peges 1 and 2 should Department of Heelth and Men Important: If Item 27 Is marke any Injury or other traumatic once.	6		position Cremetion 3 5 Other (Spec		Ctoto	cemetery, crer	esition (Name of matory or other pla EMORIAL	PARK 6	Date /26/96		OVER,		State
permit. Peges Department of H Important: If Its any Injury or of		21. Signeture of Fu	nerel Service Lice	ensee	Some	22	2. Neme and Addr	ess of Facility	JOHN T.				
Physician /Medical		shock, or hee	rt tallure. List oni Finei	ly one ceuse on	eech line.		er the mode ot dy				nda	Or	proximate ervai Between nset and Death
Certificate be executed We man ding physician end itse as the burial-transit	VMedical Examiner	shock, or hee	rt tallure. List onl	ly one ceuse on	Due to (quence of):				nds	Or	pproximate envai Between neet and Death
Certificate be executed was used as the burial-transit as the burial-transit.	/Medical	Immediate Cause (disease or condition resulting in death) Sequentielly list confirm, leading to incause. Enter Unde Cause (Disease or that initiated events resulting in death) I	rt tallure. List onl	e. AC	Due to (or es a consequence or es e consequence or es	quence of): quence of):	defic	zien Cy	i ogi	use contril	or me	> 3 yr
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s law requires that the death certificate be executed that been signed by the attending physician and the pe 2 should be detached for use as the burial-transit	by Physician/Medicai	Immediate Cause (disease or condition resulting in death) Sequentielly list confirm, leading to incause. Enter Unde Cause (Disease or that initiated events resulting in death) I	rt tallure. List onl	e. AC	Due to (or es a consequence or es e consequence or es	quence of): quence of):	defic	23b. D 11	Id tobacco	use contril	bute to the Probab	e cause of death autopsy findings bie prior to eltion ot cause th?
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The law requires that the death certificate be executed at has been signed by the attending physician end pege 2 should be detached for use as the burial-transit	To Be Completed by Physician/Medical	Immediate Cause (disease or condition resulting in death) Sequentielly list continues in the cause. Enter Under Cause. Enter Under Cause. Enter Under Cause (Diseases or thet initiated events resulting in death). Pert III. Other significations in the cause of the	Inditions, and a conditions, and a conditions, and a conditions, and a conditions are downward to medical and a conditions are downward and a conditions are	b	Due to (Due to	or as a consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or es e consequence or establishment of establishment or est	quence of): quence	26. Place of Ither: 26. Place of Ither: 27. Place of Ither: 28. Place of Ither: 29. No 29. No 20. No 30	23b. Di 11 24e. W pe 16 28d. Descrit 28t. Location City or ca, end due to the	Id tobacco Yes 2 Yes 2 Yes 2 Yes 2 Youne) asidence (a be how injured to the cause(s)) the cause(s) the date end	use contril No 3[No 3[Osy 2 Ano 6 Other (a y occurred of Number of Y occurred of Number of Y oc	bute to the Probable (Specify) or Rural Reference to the Month Day	e cause of death 2 4 Unknow autopsy findings ble prior to etion of cause th? es 21 No oute Number, d. e cause(s)

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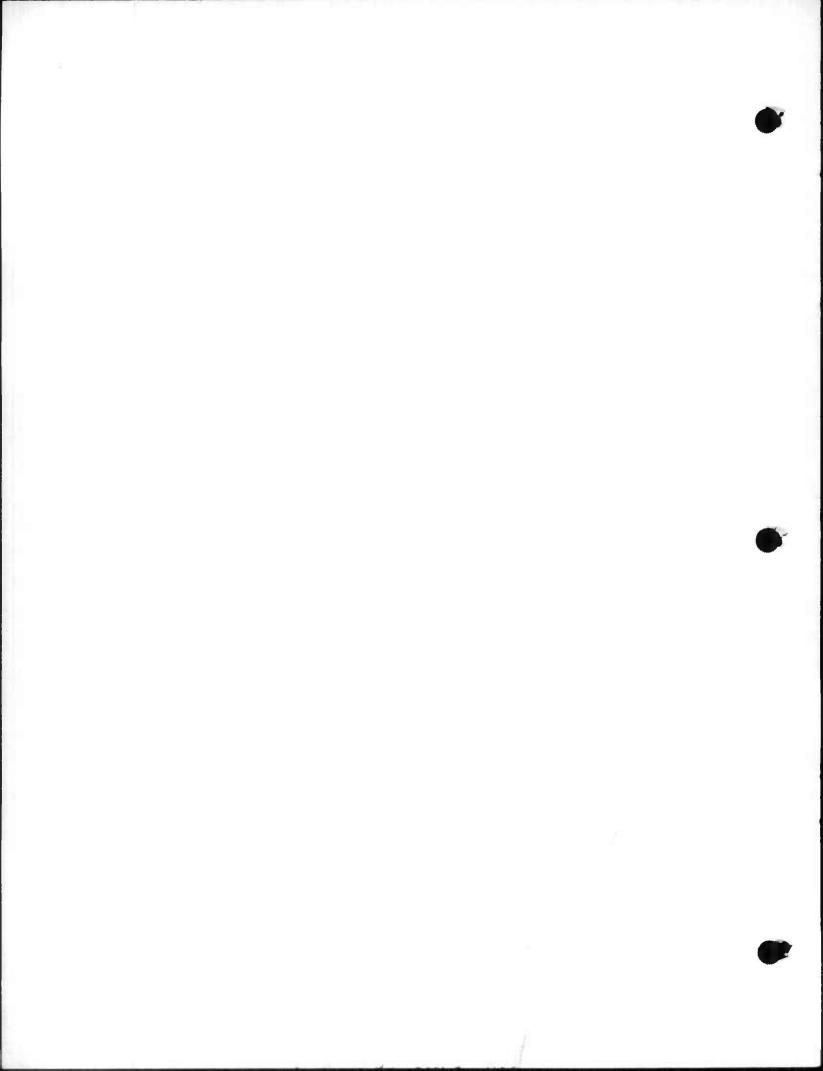
DHMN-16 Rev 1/89

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	TICOTOTTOTT			SENTIF	ICALL	UF	DEA	111	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Lest) JOANNE METCALF	2. DATE OF DEATH DAY DAY JULY 1 , 1996 YEAR 3. TIME OF DEATH JULY 1 , 1996											
	4. SOCIAL SECURITY NUMBER 174-20-8961	5. SEX	6. AGE (In yrs. last		MONTHS DA		IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) OCTODER 12	a. BIRTHPLACE (S		PLACE (State or Foreign	
~	9e. FACILITY NAME (If not institution, give a		9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH					
DIRECTOR	911 Kenly Avenue		Hagerstown					Washington					
12	10a. STATE 10b. COUNT	10c. CIT	Y, TOWN C	R LOCAT	ION					10d. INSIDE CITY LIMITS?			
	Maryland Was	Hagerstown						12 YES 2 □ NO					
RA	100. STREET AND NUMBER 911 Kenly Aven		101. ZIP CODE 21 740					10g. CITIZEN OF WHAT COUNTRY?					
S	11. MARITAL STATUS	ARMED 13 WAS DECEMBENT OF HIS					IC ORIGIN? (Specify Ver			— American Indian.			
BY FUNERAL	1 Never Married 2 Merried 3 Wildowed 4 Divorced	⊠NO	NO If yes, specify Cuben, Mexican, Puerto Ri 1 ☐ YES 2 ☒ NO Specify:					01 110-	Bleck.	White, etc. White			
	15. DECEDENT'S EDU (Specify only highest grade			DECEDENT'S	work rions	CCUPATIO	JPATION 16b, KIND			OF BUSINESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12) 12 years	Give kind of work done during most of working file. Do NOT use retired.) CRETARY					Board of Education						
00	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Maiden Surneme)				
BE		etcalf						rian		oove	<u> </u>		
2	190. INFORMANT'S NAME (Type/Print) Charles Richard B	eckley							oute Number, City or Tow erstown, Ma			1740	
	20e. METHOD OF DISPOSITION		20b.PLAC	E AND DATE O	OF DISPOS	ITION /Na	me of		DATE 20c. LO	CATION —	City or Toy	vn. State	
	1 M Burlel 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)		Rest	Haven					,1996 Hag	gerst	own,	Maryland	
	21. SIGNATURE DE EUNERAL SERVICE LIC		22. NAME AND ADDRESS OF FACILITY Douglas A. Fiery Funeral Home										
\neg	1331 Eastern Blvd. North Hagerstown, Md. 21742 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
	IMMEDIATE CAUSE (Final Onset and Dea										Approximate interval Between Onset and Death		
	disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):												
NO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
CAT													
CERTIFICATION													
	PART II. Other algnificent condition	e contribution to	dooth hut not		- 41	4 14 1 1							
EDICAL	XXX III. Gallar agricultural containon	t resulting i	n tha un	aeriying	cause o	jiven in i	PERFOR	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE			
							1 YES 2	1 YES 2 NO OF DEATH					
Σ :	DID TOBACCO USE CONTI	RIBUTE TO CA	USE OF DE	ATH YE	s 🗆 ı	NO P	UNC	ERTAIN				1 YES 2 NO	
Š	25. WAS CASE REFERRED DO MEDICAL EXAMINER?			ACE OF OEAT									
PHYSICIAN:	1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER 4 - Num		5 A Re	sidence (6 Other (Specify)				
ВУ РН	27. MANNER OF DEATH Manual 5 Pending Investigation	I service to the service of the serv					28d. DEŞCRIBE NOW I	1. DEŞCRIBE NOW INJURY OCCURED					
COMPLETED E	3 Guicide 6 Could not be determined	home, farm, street, factory, office			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
P.E.	29e. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se attend.												
W OS	2 MEDICAL EXAMINER: On the Issue of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner ee stated.												
쀪	296. HIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year)												
2	AME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
	31. DATE FILEO (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE												
	.111.021		Murileo		tt.							01742	



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 20679 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** ansy Seaton Benne Month 850 June /Medical 4e. Facility Neme (If not Institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Washington Washington County Hospital Hagerstown If Undar 1 Yaar If Undar 24 Hrs. 8. Date of Birth (Month, Day, 9. Birthpleca (Stete or Foreign Country) V. Virginia 5. Social Security Number 6. Sax 7. Aga (in yrs. lest birthday) **Funeral** 1 M 2 TF 85 Yrs 28 **Director** 1910 W. 220-03-7448 Usuel Residence of Decedant permit. Pagas 1 and 2 should be filed within 72 hours after death with the Maryland Department of Haeith and Mental hygiene. Important: If Itam 27 is marked other than "natural" ~ ... any injury or other traumetic events. 10b. County 10e. Stete 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Director Hagerstown Maryland Washington 10f. Zlp Coda 10g. Citizan of What Country? 10e. Street end Number 21740 U.S.A. 1232 Salem Avenue Funeral 12. Wes Decedant Evar In U,S Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indien, Bleck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Yaar or Dates: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 X No Specify: þ 3 X Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Life Insurance Sales Person 12 17. Fether's Neme (First, Middla, Last) 18. Mothar's Neme (First, Middle, Melden Sumema) Be Cora B. Moreland ပ William H. Field 19a. Informant's Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Coda) 4513 Romlon #202 Beltsville, Maryland 20705 Beverly J. Bennett/Daughter 20b. Place of Disposition (Neme of cemetary, cremetory or other plece) 20c. Location - City or Town, State 20e. Method of Disposition 1 XBurial 2 Crametion 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 7/5/96 Points, West Virginia Wesley Chapel 21. Signetura of Funeral Service Licenses 22. Nama and Addrass of Facility Minnich Funeral Home 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart fellure. List only one cause on each line. Hagerstown, Md. Approximete Intervel Batween Onset end Daath **Physician** Immediate Ceuse (Finel disease or condition resulting in deeth) b. Bilateral Pleural effusion /Medical **Examiner** Examiner 1 month or Attending Physician: Tha law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseesa or Injury that initieted events rasulting in daeth) Last P.O. Box 68760, Physician/Medical Due to (or es e consequence of) usa as be datached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert 1. 23b. Did tobacco use contribute to the cause of death? á 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were eutopsy findings eveileble prior to Completed 24a. Wes en eutopsy completion of causa of deeth? 1 ☐ Yes 2 Ø No 1 ☐ Yes 2 ☑ No cartificata funaral director, Be 25. Wes case raferred to medical exeminer? 26. Piece of Death (Check only ona) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospital: 1□ Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Certification: To this 27. Menner of Death 28e. Dete of Injury (Month, Day Yaar) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 5 Pending Investigation Aftar 1 Naturel
2 Accident 1 Yes 2 No MA s after death. daath. NIA NIN tha 6 Could not be datamined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stata) Place of Injury - At home, ferm, street, fectory, offica building, atc. (Specify) complataly filled in by 4 Homleide NA 24 hours a 12 Certifying Physician: To tha best of my knowledge, death occurred at the time, data end piece, end due to tha causa(s) end mannar as statad.
2 Medical Examiner: On the bests of axeminetion and/or investigetion, in my opinion, death occurred at the time, date end place, and due to the cause(s) end mennar stated. 29a. Cartifier Medicai To the To the To the 29b. Signature and title of certifier 29c. Licanse number 29d. Dete signed (Month, Dev. Year) D28365 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) Dr. Manzar Shafi HAGERS STREET 368 MILL TOWN

State Registrar

31. Dete filed (Month, Dey, Yeer) 32. Regiştrar's Signature

JUL 0 2 1996

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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		_					Cert	illicate of	Dealli		Reg. No.				
	Physici /Medi		1. Decedent's Neme (First, Middle, La GNES		BinstED					2. Data of Death Month Day Yaar JUNE 20, 1996				
	Examir		4a. Facility Nama (If no	ra streat end numbar)				4b. City, Town	n, or Location of Das						
	Funeral Director		Prince George's Hospital Ce 5. Sociel Security Number 6. Sax 1 M 2 F F Usual Rasidance of Decadent				lest birthday) If Undar 1 Year If Under 24 Hrs.				Prince George's 8. Date of Birth (Month, Day, Yeer) March 24, 1907 Prince George's 9. Birthplaca (Stata or Foraign Country) West Virginia				
215-0020	yland 10W		10a. Stata 1	0b. County		10c. City, T	own or Loc	ation	10d. Insida City Li						
	72 hours after deeth with the Meryland netural; or terms 23s or 28s-f show iteal Examiner must be notified at	Director	Maryland I		George's	Uppe	r Mar	1boro			1 √2 Yas 2 □ No				
		Funeral													
	s 1 and 2 should be filed within 72 hours after death fileeith and Mantel Hygiene. Item 27 is marked other than "natural", or items 2 other traumatic event, the Madical Evanties must		9211 Dandelion Lane 11. Marital Status 1 □ Naver Merried 2 □ Marriad 1 □ Vas Giva 1 □ Yas, Giva				Ever in U,S. 13. Was Decedent of Hispanic Origin' If Yas, specify Cuben, Mexican, P.					e - Amari k, Whita,	cen Indien,		
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	ould b Mante arked	To	Clarence E	lmer Co	urtney			Edith May Ambrose							
	2 sho and is me	ľ	19a. Intormant's Neme	e/Ralationship (Type, Print)	19b. Mailing Addrass (Street and Number of				or Rural Routa Num	Rural Routa Number, City or Town, State, Zip Code) 20772				
	1 and 1 Heeith am 27 ather tr		Anna Duva			9117 Dandelion Lane, Uppe									
	Peges 1 nent of H nt: If ital		20a. Mathod of Dispos 1 → Burial 2 □ 0	Cremation 3	Ramoval from Stete	com	ition (Nema of atory or othar pla	Dete	Dete 20c. Location - City or Town, Stata						
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	permit. Depertrimporte any injugant		21. Signeture of Fundamental Service Licensee 22. Name and Address of Facility												
	45240		Fort Lincoln Funeral Home, Inc. 3401 Bladensburg Rd., Brentwood, Maryland 20722 23a. Part1. Enter the disaasa, or comply ations that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart tallura. List only one cause on each line. Approximate interval Batween												
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< >	5 00		axaminer? 1 ☐ Yes 3 ☐ No		Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)										
0	ng Phys ter this nerel di		27. Mannar of Death	5 ☐ Panding	28a. Data of Injury (Month, Day Year) 28b. Tima of thjury Work? 28d. Describe how Injury occurred										
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Ž	ther day	Certification:	3 ☐ Sulcide 4 ☐ Homicida	28a. Place of Inju	28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify)					28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)					
Ω	raf D														
	To the Hospital or Attending Phywithin 24 hours efter death. To the Funeral Director: After thi complately filled in by the funeral	Medical	29a. Cartifilar (Check only one) 1. Certifying Physician: To the best of my knowledga, daeth occurred at tha time, date and place, and dua to the cause(s) and mannar as stated. 2. Medicat Examiner: On the basis of axamination and/or invastigation, in my opinion, daeth occurred at the tima, dete end place, and dua to the cause(s) and menner stated.												
	Vithin Fo th	Me	29b. Signatura and titla of certifier 29d. Date signed (Mon									d (Month,	Day, Year)		
1			D-18895								June 20, 1996				
	30. Nama and addrass of person who complated causa of death (Item 23a) (Type Print) MOBARAK KARIM, 7610 CARROLL AVE, STE 340, TAKOMA PARK, MD 2								1917						
1			31. Data tiled (Month,	KAKI	M, 1610C	AKKO		で1016	540, 1	HEUM I	MKK,	110	L0-(1 L		
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State of Maryland / Department of Health and Mental Hygiene 96 206

					ertificate of	f Death	R	ig. No.	20	1001
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/Medic		MARGARET		ANDING			JUNE 2	1, 1996		4:30 AM
Examin	er	4e. Facility Nama (If not Institution, give	e streat and number)			4b. City, Town, or	Location of Death	4c. County of	Death	
		SUBURBAN H 5. Sociel Security Number 6.5	OSPITAL	n (Im una la ad hiudh	(ev) If Under 1 Yes	BETHES	DA Data of Dieb	MONTGO		10111
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land		10a. Stata 10b. County		10c. City, Town o	or Location				10d. F	nsida City Limits
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r 284	Director	10e. Street and Number		_MV3UTM	GTON, D.	6.	16	Og. Citizan of Who	at Country?	
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deat	Funeral	11. Maritel Stetus	12. Was Decedant Armed Forces?	Evar In U,S.	13. Wes Decadent of It Yas, specify Cu		Specify Yes or No-	14. Race -	Amaricen In White, etc.	
5-0020 72 hours aftar death with tha Maryia natural", or items 23a or 28a-1 show iteal Examiner must be notified at	by	1 ☐ Never Merried 2 ☐ Merried 3 ☐ X W dowed 4 ☐ Divorced	1 Yes 2 X It Yas, Giva Year or Detas:	*	1 ☐ Yas 2 🛣 🛣		to rican, atc./	Specify:	BLA(СК
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other tr		20a. Mathod of Disposition	•	20b. Place of D	isposition (Nema of cramatory or other p		Dete # 3	SEABR 20c. Location - Cit	y or Town,	Stete
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Baltim permit. Pag Department important: any injury o		21. Signature Tyneral Service Licer			22. Nama end Add					JOD, IID
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Atten deal ctor: y the	fica	3 Suicida 6 Could not b		ıry - At home, farm	, street, factory, office		28f. Location (St	reet and Number	or Rural Ro	ute Number,
d Parts	er	4 ☐ Homicida	bullding, afc	. (Specify)			City or Town	, Stata)		
To the Hospital or Attending within 24 hours after death. To the Funeral Director: After complately filled in by the further.	Medical C	29a. Certifier (Check only one) Certifying Ph 2 Medical Exam	ysician: To the best of liner: On the basis of and mannar sta	f my knowledga, d examination end/d ted.	eath occurred at that or investigation, in my	tima, data and place opinion, death occu	a, and dua to the ca urred at the tima, da	use(s) and mann ata and piace, and	er as stated d dua to tha	l. ceusa(s)
Withir To th	ž	29b. Signetura and titla of certifiar			29c. Licer	nse number	2	9d. Data signed (i	Month, Day,	Year)
		lite fla	-011121	1 Re	00	231	20	JUNE 22	. 10	96
		30. Nama and addrass of person who ELLIOT GOLDSTE	complated causa of de	aath (Itam 23a) (Ty	rpe, Print)					
		ELLIOT GOLDSTE	IN, M.D.	; 9410	OLD GEO	RGETOWN	KD., BE	THESDA	, MU	20814
Sta	e	31. Data filed (Month, Dey, Yaar)	32. Ragistra	r's Signatura						
Registra	ar	JUN 2 4 1996 &	he of when	Farlall						

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1 Natural

2 Accident

3 Sulcide

4 Homicide

FO STA RE 1 -

hours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

bunal-transit permit. Pages 1, 2, 3 should

DIRECTOR

BY FUNERAL

BE COMPLETED

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MEDICAL CERTIFICATION

PHYSICIAN: item 23

BY

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	OR A	DIREC
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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, crema
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FOR STATE REGISTRAR	Wach STATE OF I	MARYLAND		RTMENT	OF H	IEALTH	AND	MENTAL HYGIEN		6	20682
1. DECEDENT'S NAME (First, Middle, Les Goldie Marie	Blicken		CLATII	ICATE	OF	DEA	June	2. DATE OF DEATH MONTH DA		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 219-36-3732	5. SEX 1 M 2 F	6. AGE (In yrs	last birthday) 2 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH	1903	8. BIRTHI	10:40 Br PLACE (State or Foreign Y Land
98. FACILITY NAME (If not institution, give Fahrney Keedy No RESIDENCE OF DECEDENT		ne				sboro		EATH		shing	
Mary land Wa	ushington		10c. CIT	Boon							10d. INSIDE CITY LIMITS? 1 YES PO NO
65 Hill Crest Ro				10	2171			10g. CIT	U.S	A.	
11. MARITAL STATUS 1 Merried 2 Married 3 Widowed 4 Divorced	T EVER IN U.S. YES 2.	ARMED		If yes, sp		n, Mexica	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No—	14. RACE Black, Specify	E.— American Indian, ck, White, atc. chy: White	
15. DECEDENT'S EI (Specify only highest gra	DUCATION ide completed) College (1-4 or 5		6e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) teacher					166. KIND OF BUS		DUSTRY	
17. FATHER'S NAME (First, Middle, Last) David A.	Blickens	taff	16. MOTHER'S NAME (First, Middle, Maiden Surname) Nellie Wilson								
194. INFORMANT'S NAME (Type/Print) Margaret Stannar	ed .							Route Number, City or Town			21713
20e METHOD OF DISPOSITION 1 4 Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	emovat from State	20b. PLA cemetesy	CE AND DATE	OF DISPOS	emet	ery		7-3-96 Ha			Mary land
21. SIGNATURE OF FUNERAL SERVICE LICENSEE And Minnich Funeral Als East Wilson Blvd., Hagerston									estow		
23. PART I. Enter the diseases, o ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only ona cat	t caused the	the v	na		4-0		h es cerdiac or reapi	ratory ar	reat,	Approximate interval Between Onset and Daeth
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C	(OR AS A CON									

if any, i CAUSE that ini d. _ PART ii. Other aignificant conditions contributing

Arteria relentia

5 Pending

8 Could not be determined

Investigation

			-			
ontributing to death but not read	iting in the	undarlying	cause	given	in Part	í.
Cartionaly	sin	en				

24s. WAS AN AUTOPSY 1 YES 2 - NO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 | YES 2 | NO

Perghand branch a man Hopothyrochen DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO IN UNCERTAIN I 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 1 YES 24 NO

OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 | Inpatient 2 | ER/Outpetient 3 | DOA 27. MANNER OF OEATH

28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28a. PLACE OF INJURY — At home, term, etreet, fectory, office building, etc. (Specify)

28d. OESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

D (8017

29e. CERTIFIER
(Check only one)

One)

MEDICAL EVANING: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

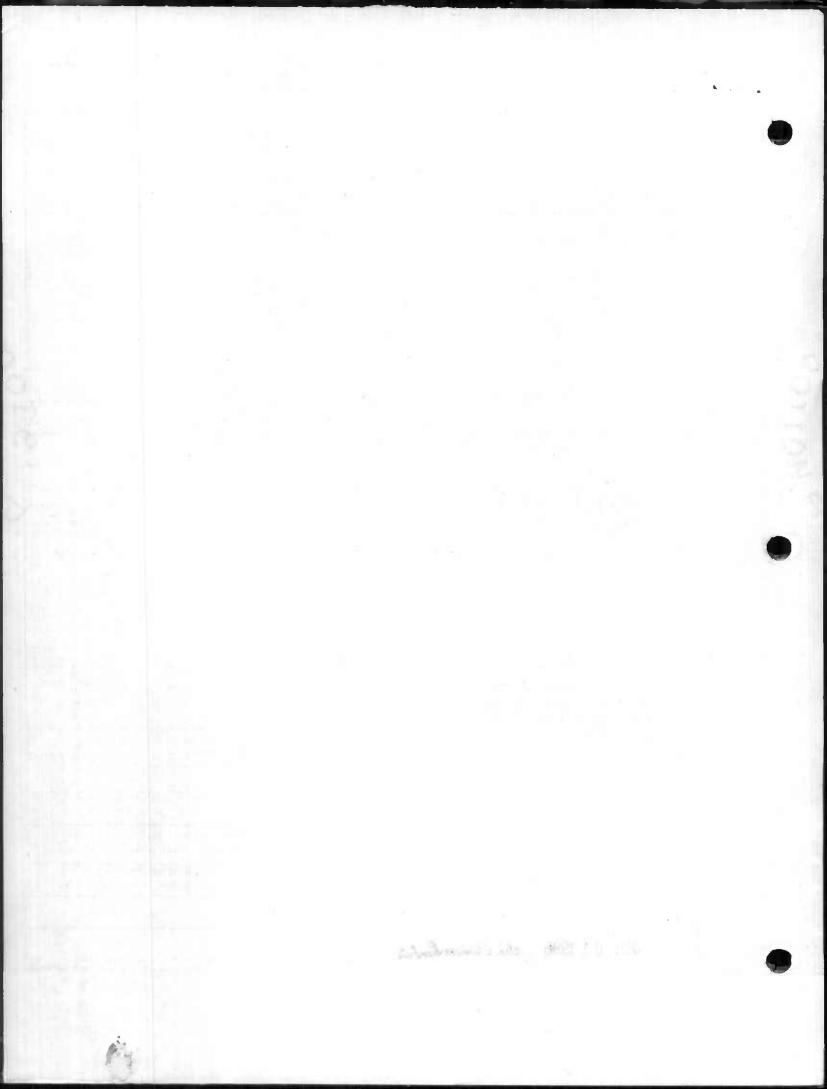
com season

Dr. Vasant Datta, 334 Mill St., Hagerstown, Md. 21740

31. DATE FILED (Month, Day, Year) JUL 0 1 1996 32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

Dun 30,1996



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Oppt, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	Hend	98		
SSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital INRPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached full 72 hours after death with the State Oept, of Health and Mental Hygiene prior to burial, cremation, or removal. NT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	0r a	If US		
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SSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed will INFRAL DIRECTOR: After this certificate has been signed by the attending physician and complethin 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cre. NT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic even	fins 2	tely	matic	t, #
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SPLTAL OR ATTENDING PHYSICIAN: The law requires that the death certifical INFRAL DIRECTOR: After this certificate has been signed by the attending pithin 72 hours after death with the State Oept. of Health and Mental Hygiene NT: If item 26 is marked, or Item 23 shows any Injury, or othe	ate b	ysici	prio	r tra
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SPITAL OR ATTENDING PHYSICIAN: The law ra INFRAL DIRECTOR: After this certificate has bee thin 72 hours after death with the State Oept. (NT: If item 28 is marked, or Item 23 si	aduire	en Sig	of He	how
SPITAL OR ATTENDING PHYSICIAN: The INFRAL DIRECTOR. After this certificate haithin 72 hours after death with the State Of NT: If Item 28 is marked, or Item 2	aw F	s be	ept.	3 8
SPITAL OR ATTENDING PHYSICIAN: INERAL DIRECTOR After this certifica- thin 72 hours after death with the Ste NT: If item 28 is marked, or lik	The	te ha	ite O	E
SSPITAL OR ATTENDING PHYSIC INFRAL DIRECTOR: After this cer thin 72 hours after death with th NT: If item 28 is marked, it	AN:	tifica	e St	Dr 10
SPITAL OR ATTENDING PHINERAL DIRECTOR: After thin 12 hours after death within 72 hours after death wint: If item 28 is mark	YSIC	S Cer	ith th	gd.
SPITAL OR ATTENDIN INERAL DIRECTOR: After thin 72 hours after dea INT: If Hem 28 Is in	B PH	er th	th w	ark
DSPITAL OR ATTERNINERAL DIRECTOR Thin 72 hours after NT: If Item 28	NION	: Aft	dea	ST
DSPITAL OR J INERAL DIREI Thin 72 hours	TTE	CTOR	afte	28
SPITAL INERAL Thin 72 t	OR A	DIRE	HOURS	tem
NE THIN	TAL	PAL	2	=
2 2 5 6	OSP	UNE	ithin	ANT
HE F HE F Sed X	포	HE F	w pa	ORT
5 5 3 M		LO	e U	MP

										16	206	83
	FOR STATE REGISTRAR	STATE OF N					EALTH AND ! DEATH	MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DI	EATH
	Wilfred Ray B	reck, Jr.	•					July 2, 1	996	YEAR	9:15	A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH		6. BIRTHP	PLACE (State or	r Foreign
	022-24-0200	1 💢 M 2 🗆 F	68	YRS.	MONTHS	DAYS	HOURS MIN.	July 30, 192	7	Massac	chusetts	5
	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY,	TOWN O	R LOCATION OF OR	ATH	9c. COU	INTY OF DE	ATH	
۳	212 Glen Circle				Leo	nar	dtown		St	. Mar	y's	
5	RESIDENCE OF DECEDENT											
DIRECTOR	10a. STATE 10b. COUNT				Y, TOWN OF						10d. INSIDE C	TY
	-	. Mary's		L	eonar	dto	v n				1 TYES 2	™ NO
FUNERAL	10e. STREET AND NUMBER					101.	ZIP CODE				HAT COUNTRY	
E	212 Glen Circle						20650		Un	ited	States	;
5	11. MARITAL STATUS X		T EVER IN U.S, ARM					NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No-	14. RACE	- American le	ndlan,
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES	•			2 NO Specifi			Specify		0
		1945–19	-							1	WILLE	-
	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Gh	re kind of	Work done d	CUPATIO	IN st of working	16b. KIND OF BUS	SINESS/IN	DUSTRY		
W	Elementary/Secondary (0-12)	College (1-4 or 5	+}		se retired.)			-0.000				
COMPLETED	12			Owne	r			Insura		Agenc	У	
	17. FATHER'S NAME (First, Middle, Last)	l- C						ME (First, Middle, Maiden	Sumame)			
H H	Wilfred Ray Brec 19a. INFORMANT'S NAME (Type/Print)	k, Sr.						Burleigh				
2								Route Number, City or Tow			0650	
	Margaret H. Brec	K						ardtown, M				
	20e. METHOD OF DISPOSITION 1 X Burlet 2 Cremetion 3 Ren	noval from State	20b. PLACE A	natory or o	OF DISPOSI	TION (Na	me of	DATE 20c. LO	CATION	- City or Tow	n, State	
	4 Donation 5 Other (Specify)	0	Charle	es M	emori	al	Gardens	7+6-96 Leo	nard	town,	Maryl	land
1	SAMITANI,		\wedge		22 B	rin	sfield F	uneral Hom	e, P	.A.		
	Edward N. Br	insfield	Jr. h	1000	52 P	.0.	Box 279	, Leonardt	own,	MD 2	0650	
	23. PART I. Enter the diseasea, or				not enter	the mo	de of dying, auc	h as cerdlec or reap	ratory as	reat,	Approx	
	ahock, or heart failure. IMMEDIATE CAUSE (Final	List only one car	use on each line.			190						Between
- 1	disease or condition	1.1	monin	. C	toth	2					1	
	resulting in death)	DUE TO	(ON S A CONSEC	UENCE O	P):						1	
z	-	· Can	lion.	ni	H	-						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	UNITED O	F),	-					1	
B	cause. Enter UNDERLYING	· Cons	nam	Av	ten		rear				ye	ars
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEC	WENCE O	F)	7-					1	
2	resulting in death) LAST	d.	\circ			9						
	DART II Other elections condition	1.71.2	4 4 5 4 -4	101	1 - 41		a security of			-		. 211 (190)
MEDICAL	PART II. Other significant condition	C C	death but not re	esulting	in the un	deriying	g cause given in	Part I. 24s. WAS AN PERFOR			WERE AUTOPS AWAILABLE PRI	OR TO
ă	None renal	- accu	-110	M	nace	-	encept	N 1 □ YES 1	/NO.		DF DEATH?	OF CAUSE
M	logatty,	Dialile	Male	lud			0			1	1 TYES 2	NO.
ž	DID TOBACCO USE CONT	TRIBUTE TO CA			ES 🗆 N		UNCERTAI	ИП			/	
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLAC	E OF DEA	ATH (Check of							- 2
Ī	1 YES 2 10 40		☐ ER/Outpatient 3	□ DOA	4 Nurs		Realdence	6 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE Of (Month, I		28b, TIR	ME OF JURY	28c. INJ WO	URY AT	28d. DEŞCRIBE HOW	NJURY O	CURED		
BY	1 Accident 5 Pending Investigation				М	1 🗆 1	YES 2 NO					
ED	3 Suicide 8 Could not be	28a. PLACE (building	OF INJURY — At hor, atc. (Specify)	me, 1erm,	stree1, facto	ory, offic	•	28t. LOCATION (Street City or Town, State)		er or Aural Ad	oute Number,	
	4 Homicide determined											
PL	29a. CERTIFIER (Check only	SICIAN: To the best o	f my knowledga, de	ath occur	red at the 1	me, data	and place, and due	to the cause(a) and ma	nner aa at	nted.		10
COMPLET		R: On the ball of	minition and/or I	nveatigati	on, in my o	pinion, d	leath occured at tha	time, deta and piece, ar	nd due to	the cause(a)	and manner	na ateted.
	296. SIGNATURE AND TITLE OF COUNTY	W/D					29c. LICENSE NUI	MBER	29d. Dif	TE SIGNED	(Mogsti, Day, W	har)
H		1/					D/99	17		7/5/	191	W.
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAL	ISE OF DEATH OTER	M 271 / Ton	a Print)		//	' /		13/	16	

Leonardtown, Maryland 20650

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE RANGAL

M.D

James 2. Boyd,

31. DATE FILED (Month, Day, Year)

JUL -5

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth BRIGGS, 5R, Month JOHN PAUL **Physician** 10:25 AM 06 /Medical 4b. City, Town, or Location of Deeth 4e. Facility Neme (If not institution, give street end number) 4c. County of Death **Examiner** GREATER LAUREL -BELTSVILLE HOSP, LAUREL If Under 1 Yeer If Under 24 Hrs. 6. Date of Birth Months Deys Hours Min. 6. Date of Birth Month, Day, 6. Sex 1 M M 2 □ F 7. Age (In yrs. lest birthdey) Yrs. 5. Social Security Number 9. Birthplece (State or Foreign CHARLESTON, W. VA. **Funeral** 578 03 5532 Director Usuei Residence of Decedent the Maryland 10c. City, Town or Location 10a. Stete 10b. County 10d. Inside City Limits item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at LEASANT SEAT MD. 1 Tryes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 405 STREET 20743 U.S. A. permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23. any Injury or other traumatic event, the Medical Experient manages any Injury or other traumatic event, the Medical Experient manages. 12. Wes Decedent Ever in U,S.
Armed Forces?
1 ☑ Yes 2 ☐ No
If Yes, Give
Yeer or Detes: ₩,₩,1

1. If Yes, Give Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American indien, Bieck, White, etc. 11. Meritei Stetus 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1□ Yes 2□No þ Specify: BLACK 3 Widowed 4 □ Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) P.G.Co. SCHOOL BUILDING SUPERVISOR 18. Mother's Neme (First, Middle, Melden Surneme) 17. Fether's Neme (First, Middle, Last) BRIGGS HELEN ARNOLD WILLIAM 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 1913 - VIRGINIA AVE. LANDOVER, MD. 20185 ECIL J. BRIGGS 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, Stete 20e. Method of Disposition 6/28/96 CHELTENHAM, MP. 1 ■ Bunel 2 □ Cremetion 3 □ Removel from Stete CHELTENHAM VET'S, CEM 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerei Service Licensee 22. Neme end Address of Fecility HENRYS, WASHINGTON +SOUS, INC. 4925-N.H. BURROUGHS AVE, N.E. WASH. D.C. 20019 W. Fratt Jarry 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one ceuse on each line. **Physician** Immediete Ceuse (Finel disease or condition resulting In deeth) /Medical Hypoxia Examiner Due to (or es e consequence of): 2-30 cys Examiner neumoria attending physician and for usa as the burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Q-3 Days CHA Physician/Medical Due to (or es e consequence of): Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Cardiao Dulmon any Division of Vital Records, þ should be 24b. Were eutopsy findings evelleble prior to completion of cause of death? 24a. Wes en eutopsy performed? Completed Dyspusia After this certificate has 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 Yes 2 No 2 Unimpatient 2 ER/Outpatient 3 DOA 27. Menner of Deeth 28b. Time of injury 28c. Injury at Work? he Hospital or Attending Pin 24 hours after death.

The Funeral Director: After to oletaly filled in by the funeral 28d. Describe how Injury occurred Certification: 5 Pending investigation 1. Naturel 1 ☐ Yes 2 ☐ No 2 ☐ Accident 6 Could not be determined 3 ☐ Suicide 28e. Piece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide To Certifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, end due to the ceuse(s) end manner as steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the ceuse(s) end menner stated. edical 29e. Certifier (Check only one) To the Vithin 2 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) D 42580 6-21-96 UR 30. Nem's end eddress of person who completed cause of deeth (item 23a) (Type, Print) 5632 Anna 178-lis Rd

ALUTA

Jahr Studier Rarbell

32. Registrar's Signeture

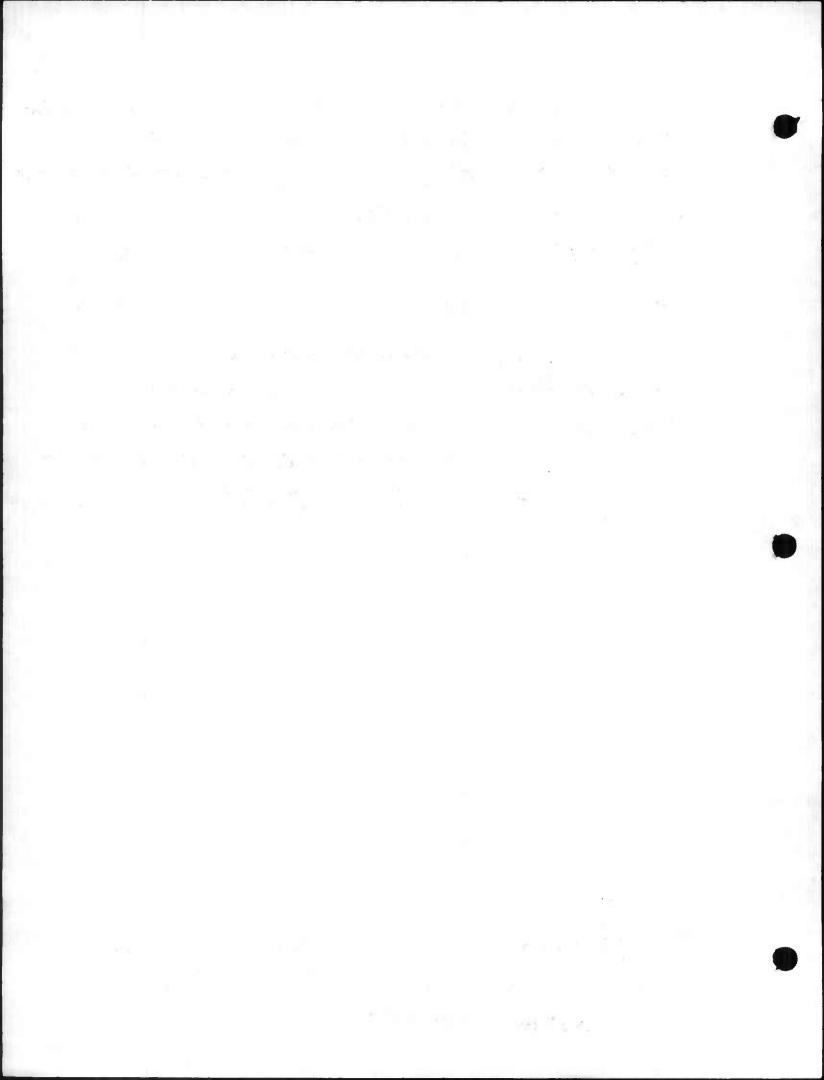
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State Registrar BRUJIT

31. Dete filed (Month, Dey, Year)

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 20685

						Certif	icate of	Death			Reg. No		
ı	Physic	ian	Decedent's Name (First, Middle,	Last)		R.	14-			2. Date of De Month	De		3. Time of Deeth
ч	/Med		JOSEPH	14.		DR	ooks			JUNE		-	6:15 8
	Exam	ner	4e. Fecility Neme (If not institution,							ocation of Deet		. County of Deeth	
ŀ			Prince Georg 5. Social Security Number 6		tal Cent		Under 1 Year	If Under 2	ver	9 Date of Riv	th.	rince Ge	
Į.	Funeral Director		217-42-4654	120 M 2□ F	F 2		onths Deys	Hours	Min.	(Month, De	v. Year)	9. Birni Coul Mar	plece (State or Foreign ntry) Vland
	p .		Usuel Residenca of Decedent									TIGIL	/ Luna
	larylan show	_	10a. Stete 10b. County		10c. City, Tow	n or Location	on						10d. Inside City Limits
	ulth the Maryla or 28a-f shore	cto		George's				Lan	dov	er			1 TYPes 2 □ No
	daath with tha Maryland ms 23a or 28a-f show	Directo	10e. Street end Number	23		1	Of. Zip Code	20705			10g. Cit	izen of Whet Cou	ntry?
	23a	Funeral	1213 Nalley I					20785				USA	
	ē 2 2	F	11. Maritai Status 1 □ Never Married 2 ▼ Married	12. Was Deceden Armed Forces 1 Yes 2	?	If Yes	s, specify Cube	en, Mexican,	n? (Sp Puerto	ecity Yes or No Rican, etc.)	-	 Raca - America Black, White, 	
21215-0020	72 hours efter natural", or ite	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Dates:		101	Yes 2010	Specify:				Specify: B]	lack
0-9	"natural",		15. Decedent's	Education	16a.	Decedent's	s Usuel Occup	pation			16b. K	Ind of Business/In	dustry
21	c .	Completed	(Specify only highest s Elementary/Secondary (0-12)	greae completea) College (1-4or	5+)	life. DO N	of work done IOT use retired	dunng most (d)	of work	ing			
2	filed with Hygiene. other than	50	12th			Build	ing Eng	gineer				Gove	ernment
pur	tal H d oth	Be	17. Fether's Name (First, Middle, La	*						e <i>(First, Middl</i> e ter Mar			
Vie	should be filed nd Mental Hygi marked other imatic event,	P	John Henry										
Maryland	2 9 8 8		19e. Informent's Name/Relationship							al Route Numb dover M		or Town, State, Zip	o Code)
	ges 1 and t of Haalth If Itam 27 or other tr		Elizabeth Brooks 20e. Method of Disposition	s/ wire	20b. Place of			Noau,	Lam	Dete		ocetion - City or To	our State
Baltimore,	00-7		1 X Burial 2 ☐ Cremation 3		cemeter	ry, cremeto	yorotherpleo morial		1.	7/1/96		indover,	
Ė			4 ☐ Donation 5 ☐ Other (Special Signature of Funeral Service Lice		патшо		me end Addre			1/1/90	Lo	ilidovel,	PID
Ba	permit. Departri		Nanay A.	Percentie		J.	B. Jer	nkins	Fun	eral Ho	me		
				mplicetions that cause	ed the death. Do r							MD 2078	Approximete
	Physician	1	23a. Pert1. Enter the disease, or co shock, or heart feilure. List on	ly one ceuse on each	line.		o mood of aj m	.9, 00011 00 01	al dioo (or respiretory e	11001,		Intervel Between Onset end Deeth
П	/Medical		Immediate Ceuse (Finel disease or condition	Nav	BYAY	uh	Me	MAL	u	1 ML	1		6 WA
П	Examiner		resulting in death)	e 10/v	Due to (or as a		anti-	um	-	01.		-	01001
	P #	ner				1	200						
	cartificeta be executed ding physician and isa as tha bunal-transit	Examiner	Sequentially list conditions,	b	Due to (or es e d	consequenc	e of):						
50,	sian s		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury									İ	
68760,	ceta l	Medical	thet initieted events resulting in deeth) Last	U.	Due to (or es e c	onsequenc	a of):					1	
×	ding ding sa as			d									
Bo		Physician	^										
P.O.	the d y tha	lysi	Pert II. Other significant conditions	contributing to death t	but not resulting In	the underi	ylng cause giv	en in Pert I.					o the cause of death?
	that ned b	by Pi	morem	M AM	W.	BW	WWW	M		18	Yes 2	□ No 3 □ Pro	bably 4 Unknown
of Vital Records,		pa pa	mahluro	Sand IA	mi	1cal	ALLA	,		24e. Wes			ere eutopsy findings
SCO	s been s 2 should	Completed	01.00	- Vi rooi	1.00	1000	VOCE OF THE PERSON			perto	rmed?	co	elieble prior to impletion of cause death?
R	Tha law ta has	mo:	9	U		1				10	Yes 2		☐Yes 2☐ No
ita		Bec	25. Wes case referred to medical					26. Plece o	f Death	(Check only o			
1		10	exeminer?	Hospitel: 1 Inpati	ient 2 ER/Ou	tpatient 3	□ DOA Oth	or				6 Other (Specif	(v)
ם	0 0		27. Meny er of Deeth 1 ☐ Naturel 5 ☐ Pending	28e. Dete of Inju (Month, De	ury 28b. T	ime of	28c. Injun Worl	y et k?		28d. Describe I	now Injur	y occurred	
Sio	Attending or daath. ector: Aftai	catio	2 Accident investigati	on		N		Yes 2□No					
Division	ther direction by	Certification:	3 Suicide 6 Could not determine	d 28e. Pieca of in	jury - At home, fer tc. (Specify)	rm, street, f	actory, offica		1	28f. Location (3 City or Tox	Street en vn, State	d Number or Rure	al Route Number,
	To the Hospital or Attendin within 24 hours after daath. To the Funeral Director: Aft complately filled in by the fur												
	Hosp 24 ho Fune stely f	edical	29a. Cartifier 1 1 Certifying F	Physician: To the best aminer: On the basis of	of examination and	, death occi d/or investig	urred et the tim jetion, in my oj	ne, date and p pinion, deeth	plece, o occurr	end due to the ed at the time,	cause(s) date end	end manner as si pleca, and due to	tated. the cause(s)
	ithin o the	M M	29bt 5 pnature and title of dentifier	manner st	teted.		29c. License	e number _	-		29d. Det	te signed (Month,	Day Yeast
	F 3 F 8		Hulle	~ Whi	din		17/	499			NI	W. 26,	1996
	11-	1	30. Name and eddress of person who	completed cause of	death (Itam 22a) (Type Print	Mol	1 1 1	<u> </u>		N	u'	
	112/		Lewis Dennis,					lege F	ark	, MD	0		
	Sta	te	31. Dete filed (Month, Day, Year)	37 Regist	ar's Signature	0 40							
	Registr		UIN 2 7 199	96 Separa	The state of the	Walt							

DHMH 16 Rev 6/95

Registrar

JUN 27 1996

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		nedioThAn	CENTIL	ICATE OF	DEATH	HEG	i. NO.						
		1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEA		3. TIME OF DEATH					
		FRANCIS EDWARD	BRYAN			JUNE	25 199	6 2:00A M					
			. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT		BIRTHPLACE (State or Foreign					
		191-09-6738 17 M2 DF		MONTHS DAYS	HOURS MIN.	(Month, Day, Y	bar)	Country)					
용		11101-0130	84 YRS.			APR 9	1912 (harlenoi ta.					
pinous		9a. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATH					
6,	DIRECTOR	LWASHINGTON CO. HO	SPITAL	HAG	FPSTA	1)1)	MAR	HINGTON					
←*	5	RESIDENCE OF DECEDENT	-	14/45		0.0	17770	mogrow					
Pages	2	10a. STATE 10b. COUNTY	10c. Cl	TY, TOWN OR LOCA	ATION			10d. INSIDE CITY LIMITS?					
92	ā	PA FRANKLI	N	NAYA	INCROP	20		1 YES 2 NO					
permit.	-	10e. STREET AND NUMBER		10	of. ZIP CODE		10a CITIZE	N OF WHAT COUNTRY?					
- E	2	309 N. GIRANT S	D-	1		10	log. Office	AC A					
020 physician. burial-transit	FUNERAL	JOY IV. GARANI E			172		4	SA					
020 physician burial-tra	5	11. MARITAL STATUS 1 Never Merried 2 Merried FORCES? 1	EVER IN U.S. ARMED YES 2 100	13. WAS DE	CENDENT OF HISPA: pecify Cuben, Mexico	NIC ORIGIN? (Spec	Hy Yes or No- 14	I. RACE — American Indian, Black, White, etc.					
	BY				S 2 NO Specif		(6.)	Specify:					
215-0020 attending physic se as the burial								WHITE					
r after	8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. OECEDENT'S	S USUAL OCCUPAT	ION	16b. KIND (F BUSINESS/INDUS	TRY					
T 8 2	Li,	Elementary/Secondary (0-12) College (1-4 or 5-)	iile. Do NOT a	work done during mase retired.)	ost of working								
	٦ ٦	12	Assa	MBUST	p	TO	uck M	EC					
AND.	once. COMPL	17. FATHER'S NAME (First, Middle, Last)	1 17336	1113001				1 9					
YLA by the be det			JAN		18. MOTHER'S NA	ME (First, Middle, A	leiden Sumerne)						
₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩			YAN		1-14	JAN /	YJARKS						
MARYLA retained by the 5 should be det	TO B		19b. MAILIN	G ADDRESS (Street	end Number or Rural	Route Number, City	or Town, State, Zip Co	ode)					
(E) do		HAYE S. BRYAN	309	NGRAN	IT ST	WAYNA	SBORO	PA 17268					
R Hay b	8	20a METHOD OF DISPOSITION	20b. PLACE AND DATE	OF DISPOSITION /N	lame of	DATE 2	c. LOCATION CIT						
Owit	anst	1 Buriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify)	ceregery, cremetory or	otherplace 10	DATE	28 (3112000	cause Dr					
Page	5	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	MALLAU	IN CONTEL	ens		MANIDER	Sourd 141					
F F E	ехашіпе	THE STATE OF THE SERVICE EIGENSEE		22, NAME A	ND ADDRESS OF FA	CILITY G FOY	e Funer	of Home, Inc					
	Ž	James A Dower	1-1	CD S.	Broad st	11)-	-1	1 . 22. ~					
B after of the moval.	<u>e</u>	23. PART/. Enter tha diseases, or complications that of	200	1300%	DEOSU ST	wayn	es 6010	Ha 17268					
in the	medica	ahock, or heart fallura. List only one ceuse	on each line.	not entar tha me	ode or dying, suc	n sa cardiec or	reapiratory arrea	t, Approximata interval Between					
		IMMEDIATE CAUSE (Final						Onset and Daeth					
- > 2	E .	disease or condition resulting in desth)	Sitiana	cell	Carcin	IOMA /	110	11/2.10					
within upletely cremati	event,		R AS A CONSEQUENCE O	OF):		7011/1		2/6413					
		- blodd	or white	10111	MONAL	2U mo	Lachas	00					
exect of the bud to bud	RTIFICATION	Sequentially list conditions,	R AS A CONSEQUENCE C		LIGINAL	of the	149/43						
OX De e	A B	if any, leading to immediata cause. Enter UNDERLYING						İ					
	티윤	CAUSE (Disease or Injury	D AS A CONSTOURNOR O										
	TIFIC	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST											
	111	d											
	3	PART II. Other algnificent conditions contributing to de	ath hut and acculate	1- 40									
ORDS: that the ned by the fith and M	EDICAL	The state of the s	sath out not reauting	in the underlyin	ig cause given in	Part I. 24a. W	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
COR ires that signed by tealth an		-				1 0 7	ES 2 NO	COMPLETION OF CAUSE OF DEATH?					
11 3 "-								A Company of the Comp					
W requirements of H	S S	DID TOBACCO USE CONTRIBUTE TO CAU	SE OF DEATH V	EC II NO E	UNCERTAI			1 TYES 2 NO					
1 6 g a	AN	25. WAS CASE REFERRED TO MEDICAL		TH (Check only one		7 L							
E = 2	PHYSICIAN:	EXAMINER? HOSPITAL:	20. PLACE UP DEA	OTHER:									
VIAN:	YS	1 YES 2 NO 1 Inpatient 2 E	R/Outpatient 3 🗆 DOA		ne 5 🗆 Residence	6 - Other (Specifi	1)						
This ce	E G	27. MANNER OF OEATH 26s. DATE OF IN (Month, Day,			JURY AT	28d. DESCRIBE	IOW INJURY OCCUP	RED					
O FE SE	BY PH	Natural 5 Pending	1007/		YES 2 NO								
SION TENDING TOR: After offer death		280 PLACE OF I	NJURY — At home, term,	street, fectory, offic	ne .	261 LOCATION /S	Street and Number or	Dural Bouts Number					
after after	W g	3 Suicide 6 Could not be building, atc	c. (Specify)	-17	5 11	City or Town,	State)	norm nome number,					
OR ATTENDING DIRECTOR: After hours after death	PLET	an armerica											
L OR DIRE	리리	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my	knowledge, death occur	red at the time, date	e end place, end due	to the cause(s) an	d menner as stated.						
THE HOSPITAL THE FUNERAL filed within 72 1	COMPLET	one) 2 MEDICAL EXAMINER: On the beels of exam						euse(s) end menner as stated.					
SE SE	Z O	29b. SIGNATURE AND TITLE OF CERTIFIED	. A.										
불분	E E	NR. / A REAL OF MALE	n. 1 DI	1 -	29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Year)					
TO THE HOSPIT TO THE FUNERA De filed within 7	\$ 0	your me my	ne Ith	Yrivan	10043	59	()	625 96					
	1 =	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type	, Print)		1							
		I ROBERT BRULLIN	10 1459	Patamo	c Aue 1	tagers	thunn	DZIZUZ					
		31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE	10101110		14yer	SID WIT IT	. 0 0117					
		1											
		JUN 2 5 1996 John Marie	HENTENS										
		1.7											

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FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	riculotrom		-	-11111	CATE	OF D	EAIN		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	R.	BR	001	N			2. DATE OF MONTH	0	٩,,	996	3. TIME OF DEATH 8 17 A M
	4. SOCIAL SECURITY NUMBER 579-01-5676	5. SEX 1 M 2 F	8. AGE (In yrs. le:	st birthday) YRS.	IF UNDER 1		UNDER 24 HRS. URS MIN.	7. DATE OF (Month, D 10-28	lay; Year)		Counti	IPLACE (State or Foreign Y) GINIA
	9a. FACILITY NAME (If not institution, give stre	set and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH							
DIRECTOR	GOLDEN OAKS NURSI	NG HOME			LAUF	REL				PRI	VCE C	EORGES
Ä	10e. STATE 10b. COUNTY			10c. CITY	r, TOWN OR	LOCATION						10d. INSIDE CITY
	N/A	N/A		WA	SHING	GTON,				LIMITS? 1 💢 YES 2 🗌 NO 10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	5329 ILLINOIS AVE	. N.W.					0011			VHAT COUNTRY? TATES AMERIC		
5		12. WAS DECEDENT FORCES? 1	EVER IN U.S. AF	NEO	13. W	S DECEND	ENT OF HISPA	NIC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	NO								ACK	
	15. DECEDENT'S EDUCA (Specify only highest grade of	TION			USUAL OCC		50	16b, KI	ND OF BU	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) 10th GRADE	College (1-4 or 5 +)	ACHAN	•	ring most of	working	חת	IVAT	TZ.	ja.	A District Control	
<u> </u>	17. FATHER'S NAME (First, Middle, Last)		PI	ACHAIN	110					_		
	ANDREW BROWN						MOTHER'S NA MAMMTE			Sumame)		
H	19a. INFORMANT'S NAME (Type/Print)		10	h MAII INC	ADDRESS /		umber or Rural			A		
2	A STREET OF THE PROPERTY OF	DAUGHTER)										
	20a. METHOD OF DISPOSITION	DAUGHIEK					VE. N.	_	_	_	011	
	1 N Buriel 2 Cremellon 3 Ramon 4 Donation 5 Other (Specify)		20b.PLACE cemetery, cre MARY L	emetory or ot AND N	her place) IAT. N	IEM.	PK. 6-	25-96	LAU	CATION — REL,	MD.	wn, Stata
ŀ	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	1/ 1				ODRESS OF FA	CILITY				INS INC.
- 0	Jan May	- Cpla	gino	2	71	6 KE	NNEDY	ST. N.	W.	W.D.	C. 2	20011
	23. PART I. Enter the diseases, or co ahock, or heart failure. Li	mplications that st only one caus	caused the de e on each line	eath. Do n	ot enter th	na mode o	f dylng, suc	h as cardiad	or reap	ratory an	reat,	Approximata Intarval Between
	disease or condition resulting in death)	T	17H3	na	110-	2						Onset and Death
	resulting in death) , a.	DUE TO (OR AS A CONSE	OUENCE OF):					1,323		
NO	Sequentially list conditions, b.	DUE TO (OR AS A CONSE	TW/	16	DYS	FUN	(1)31	~			MONTHS
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	9	26100	USL	131	2/9/	N 3	YNC	no	75	100	TERRES
	that initiated events resulting in death) LAST	OUE TO (OR AS A CONSE	OUENCE OF):							
5	d.										15	141111111111111111111111111111111111111
	PART il. Other aignificant conditiona			esuiting l	n the unde	rlying car	use given in	Part I. 24	a. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL	PERITOHITY	2 50	To 6	PSP	57201	my!	TUSE		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME	MERROTE	Prosp.	क्ट क	20-4 C	SZ			_ '	_ 123 2	NO NO		OF DEATH? 1 YES 2 NO
z	DID TOBACCO USE CONTRI					ו 🗆 כ	INCERTAIL	N/B				
동	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	UCCDITA!	26. PLAC	E OF DEAT	H (Check onl	y one)						
Š		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	g Home 5	Residence	a 🗆 Other (S	pecify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF II (Month, Day		28b. TIME	OF 2	Bc. INJURY	AT	28d. DESCR	BE HOW I	NJURY OC	CURED	
B	1 Natural 5 Pending 2 Accident Investigation					1 YES	2 NO					
	3 Suicide a Could not be 4 Homicide datarmined	me, farm, si	treet, factory	, office		28f. LOCATIO	ON (Street a own, State)	and Number	or Rural R	oute Number,		
<u>u</u>	29a. CERTIFIER											
COMPLET	(Check only one) 290. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of m	ny knowledge, de imination and/or i	ath occurre	d at the time	, date and paid and p	place, and dua occured at the	to the cause(a) and man d place, an	mer as atai	ted. ne cause(a)	and manner as stated.
	29b. SIGNATURE AND THLE OF PERLIPSION	~~					. LICENSE NUI					
38 6	600	m	m	0		230	DZS	-42	2	▶)	SAN	(Morith, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO				Print)							
-	31. DATE FILED (Month, Day, Year)	32 REGISTRAR		סר		(1)	MISCA	- > ~	0.	XO	708	
	JUN 2 4 1996	Jalin Da	diarken	Lill								

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ML ITEMS: 23 PART I, 27, 28a-f, State of Maryland / Department of Health and Mental Hygiene PER MEO FILM G-737 7/19/96 t.t

20688

Physician	
/Medical	
Examiner	

Funeral Director

the Maryland 28a-1 show the Medical Examiner must be notified at death with ò 238 Нета: filed within 72 hours after ò "natural" other than " permit. Pagas 1 and 2 should be file Depertment of Haelth end Mental Hy important: If item 27 is marked oth any injury or other traumatic event

21215-0020

Baltimore, Maryland

Physician /Medical Examiner

pue The law requires that the death cartificate be execu Box 68760. attanding physician Por signed by the aid be deteched for P.0. Division of Vital Records. certificeta Hospital or Attending Physician: this Aftar death. Director: / within 24 hours af To the Funeral Di complataly filled in

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month DEREK ANTONIO BURNETT JUNE 23 1996 5:00 AM 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth PRINCE GEORGES HOSPITAL CENTER CHEVERLY PRINCE GEORGES If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 7. Age (In yrs. last birthday) If Under 1 Year Birthplace (State or Foreign Country) 12 M 2 F 28 Months Deys 243-25-9675 Sept. 26, 1967 Raleigh, NC Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d, inside City Limits 1 X Yes 2 □ No Director District of Columbia Washington 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 5362 East Capitol Street, N. E. 20019 United States 12. Was Decedent Ever in U,S. Armed Forces? Wes Decadent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indian, Black, White, etc. 1 ☐ Yes 2 ☒ No if Yes, Give Year or Detes: 1 Never Married 2 Married 1 Yes 2 No Specify: p 3 Widowed 4 Divorced African American Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+) Private - Hecht's 12 Warehouse Clerk 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Malden Surneme) Be 2 Agnes Harris Bobby Burnett 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 103 North Pettigrew Street, Raleigh, N.C. Agnes Jernigan - Mother 20b. Pleca of Disposition (Neme of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) Mt. Hope Cemetery 6/29/96 Raleigh, N.C. ture of Funerei Servica Licansee 22. Name end Address of Fecility STEWART FUNERAL HOME, Inc. ert 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest,

Approximation of the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest,

Approximation of the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest,

Approximation of the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximete Intervel Between Onset end Deeth Immediete Ceuse (Finel COCAINE ABUSE diseese or condition resulting in death) Due to (or es a consequenca of) Examiner Sequentielly list conditions, if eny, leading to Immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In death) Lest Due to (or es e consequence of): Physician/Medicai Due to (or es e consequenca of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown p 24b. Were eutopsy findings evellable prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? Yes 2 No Yes 2 No Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Yes 2□ No 2 28e. Date of Injury (Month, Dey Year) FOUND ury 27. Menner of Deeth Certification: 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 Neturel FOUND 6/22/96 12:30 P M 1 ☐ Yes X No UNKNOWN 2 Accident Could not be determined 3 Suicide 28e. Pleca of Injury - At home, farm, street, fectory, offica building, etc. (Specify)
FOUND ON STREET 28f, Location (Street end Number or Rural Route Number, City or Town, Stete) 58 TH STREET AND EASTERN 4 Homicide AVE. WASHINGTON, D.C. 1 Certifying Phyelcien: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end plece, end due to the ceuse(s) end menner steted. Medicai 29e. Certifier 29b. Signeture end title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) Donald A. Wright MD

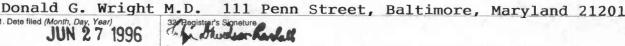
O.C.M.E.

JUNE 23, 1996

State Registrar 31. Dete filed (Month, Day, Year)

JUN 2 7 1996

30. Neme end eddress of person who completed cause of death (Item 23e) (Type, Print)



AND THE RESERVE OF THE SECOND -10 JE -3 Marcoll Marcollon and the contract of the cont 101 1 2 30 miles When I stand the the second second

	PER ME	UF	ILM G-737 7/19/96 t.t	,	Certificate o			. No.	20689
	Physic /Medi		Decedent's Nama (First, Middle, WADE	P	В	YRD JIL	2. Data of Death Month MAY 13,	Day Year	3. Tima of Death
di .	Exami	ner	4a. Facility Nama (If not Institution, g HOLY CROSS HO 5. Social Sacurity Number 6		last birthday) If Under 1 Ye	4b. City, Town, or L SILVER	SPRING	4c. County of Dear	ERY
Ė	Funeral Director		227-37-3240 Usual Rasidance of Decedant	14© M 2□ F	Yrs. Months Day		8. Data of Birth (Month, Day, Y		thplaca (Stata or Foraign buntry) ASH, D.C.
	with the Marylen a or 28a-f show be notified at	Director	10a. Stata 10b. County MD MONTO	noneal S	Silver Spa	Line			10d. Inside City Limits 12 Yas 2 □ No
1	23a or 24		109. Straat and Number	4000 Ave H		20902		Citizan of What Co	ountry?
020	ours ener deam wours and it is or items 23s.	by Funeral	11. Marital Status To Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Evar in U Armed Forces? 1 ☐ Yas 200 No If Yas, Giva Yaar or Datas:	J,S. 13. Was Dacedant of If Yas, specify Control of It Yas 2 1 N	f Hispanic Origin? (Sjuban, Maxican, Puarti lo <i>Specify:</i>	pecify Yas or No- p Rican, atc.)	14. Raca - Ama Black, Whit Specify:	
21215-0020	within 72 hours ener ceath with the marylend ane. Than "netural", or frems 23a or 28e-f show the Medical Examiner must be notified at	Completed	15. Decedant's (Specify only highast s Elamantary/Secondary (0-12)	Education prada complated) Collaga (1-4or 5+)	16a. Decedent's Usual Occ (Giva kind of work dor lifa. DO NOT usa rati	na during most of work ired)	b. Kind of Businass	eass/Industry	
A .	tel Hygi d other event,	To Be Co	17. Father's Name (First, Middla, La	Si)	J.		a (First, Middla, Ma		520
2	lith end 27 is m		19a. Intormant's Name/Ralationship	(Type, Print) EE- MOTHER	19b. Mailing Addrass (Stre	et and Number or Ru	A AL	1100 0	LUGADOREN, MI
Imore	正真包		20a. Method of Disposition 1 Burial 2 Cramation 3 4 Donation 5 Other (Spec	□Ramoval from Stata	Place of Disposition (Nama of comatary, crematory or other p	. 0	- ~	handouc	4 .
Ball	Department of Important: If I any Injury or Once.		21. Signature of Funeral Service (BUSSEL		trass of Facility GANGEOU ENDED COLOR			100 2001
	hysician		23a. Part Enter the disease, or co shock, or heart tailure. List on	mplications that causad tha daal y ona causa on aach lina.				1,	Approximata Interval Between Onsat and Death
	/Medical Examiner	-	Immediata Cause (Finel disassa or condition resulting in daath)	θ	CARDIOMYOPATHY or as a consequence ot):				
9 monthed	n and al-transit	Examiner	Sequantially list conditions, if any, laeding to immadieta causa. Entar Undarlying	b. Dua to (c	or es a consequence of):		<u>.</u>	 	
ox 68760,	anding physician and use as the burial-transit	n/Medical E	causa. Entar Undarlying Cause (Disease or Inijury that Initiated avants rasulting in daath) Last	C. — Dua to (o	or as a consequance of):				

EX Physician/Medical Completed by Be Medical Certification: To

been signed by the attending should be deteched for use as

pege 2 s

filled in by the funeral

To the Houpital or Attending Physician: The law within 24 hours after death. To the Funeral Director: After this certificate hes

Division of Vital Records, P.O. Box 68760,

Sequantially list conditions, if any, laeding to immadieta causa. Entar Undarlying Cause (Disease or Injury that initiated avants rasulting in death) Last

2 Accidant

3 Suicida

4 Homicida

Dua to (or as a consequance of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

ASTHMA

24a. Was an autopsy performed?

24b. Wara autopsy findings available prior to completion of cause of death?

2□ No

28. Placa of Death (Check only ona)

25. Was casa rafarred to medical axeminar?
1 ऄॕ Yes 2 □ No Hospital: 1 Inpatiant 27. Mannar ot Death 28a. Data of Injury (Month, Day Year) 5 Panding Invastigation

6 Could not be datarmined

2 XER/Outpatient 3 DOA 28b. Tima of Injury 28c. Injury at Work?

Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 28d. Dascribe how Injury occurred 1 ☐ Yas 2 ☐ No

28a. Place of Injury - At homa, farm, straat, factory, offica building, etc. (Specify)

28f. Location (Street and Number or Rural Routa Number, City or Town, State)

1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as steled.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check one) 29c. Licansa numbar 29d. Data signad (Month, Day, Yaar)

29b. Signature and title of certifie

O.C.M.E.

MAY 14, 1996

30, Name and addrass of person who complated cause of death (Itam 23a) (Type, Print)

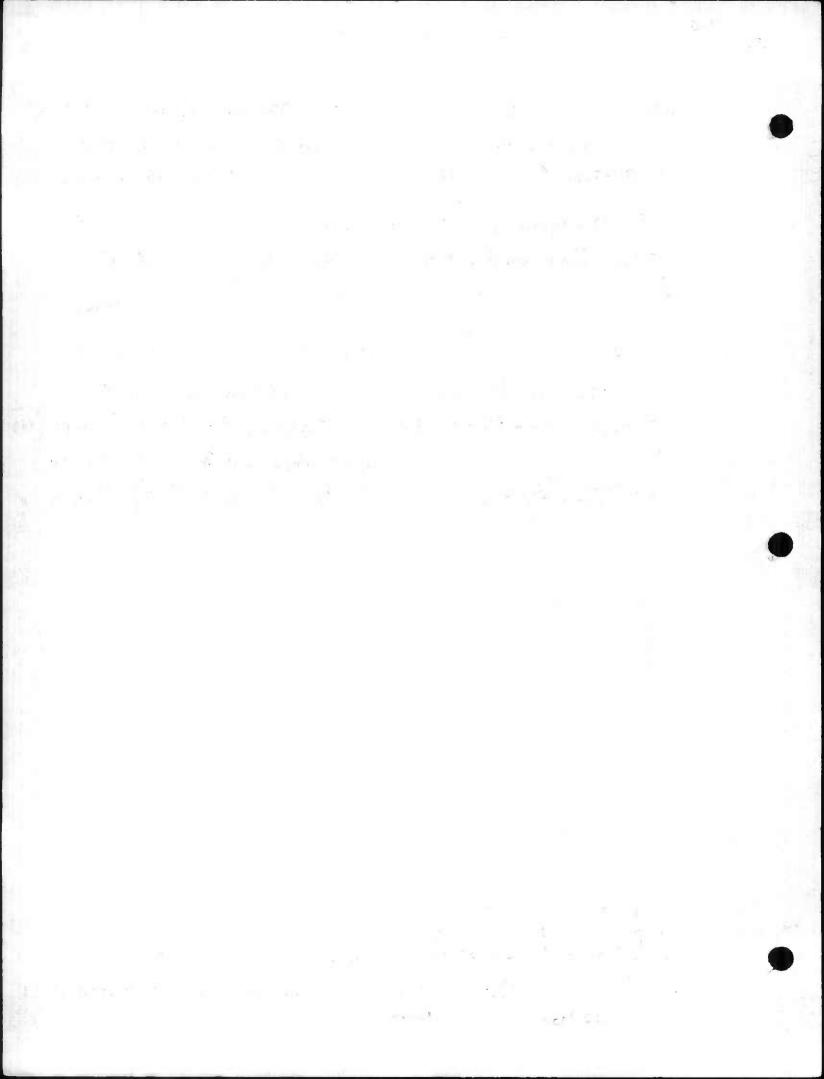
M ARON LOCKE 31. Data tiled (Month, Day, Yaar)

JUL 0 5 1996

111 Penn Street, Baltimore, Maryland 21201

State Registrar

32 Registrar's Signature



DX 68760 BALTIMORE, MARYLAND 21215-0020 be executed within 24 hours after death. Page 6 may be retained by the broadel or attending absorbing absorbing absorbing absorbing absorbing absorbing absorbing absorbing absorbing absorbing absorbing absorbing and approximately approximatel

DIVISION OF VITAL RECORDS, P.O. BOX 68760

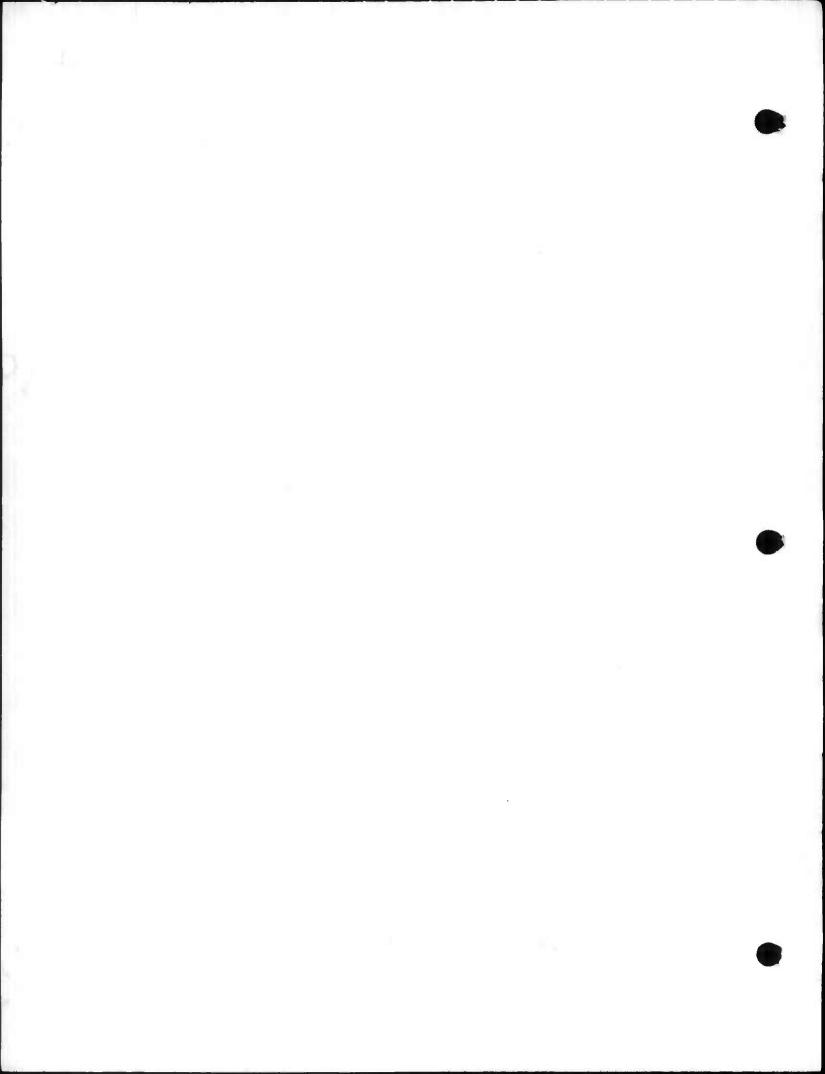
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR				CER	THE	CALE	: Ur	DEA	I H		REG. NO.			
À	1. DECEDENT'S NAME (First, BLANCHE EI		TH CAUFFM	IAN							2. DATE O	28,1	 96	YEAR	3. TIME OF DEATH 7:00 a.m
	4. SOCIAL SECURITY NUME	ER	5, SEX	6. AGE (II	n yrs. last bir	irthclav)	IF UNDER	1 VEAR	IF UNDER	24 1400	7 DATE O	E DIOTH		0.010714	PLACE (State or Foreign
	219-18-3777		1 🗆 M 2 💢 F	69			MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)	1026	Country)
	9a. FACILITY NAME (If not in			0,5		YRS. MONTHS DAYS HOURS MIN. August 9, 1926								yland	
Œ	1030 Roessn					96. COUNTY OF DEATH Hagerstown Washingt									
DIRECTOR	RESIDENCE OF DEC		ince			magers town was in right							COII		
낊	10a. STATE	10b. COUNTY	,		1	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY		
#	Maryland	Washi	ngton			Hagerstown								- 1	LIMITS?
	10e. STREET AND NUMBER						J	-	ZIP CODE	F			10- CITI		HAT COUNTRY?
3	1030 Roess	ner Av	<i>r</i> enue					1	2174						HAT COUNTRY?
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVED IN	U.C. ADME		T 40 1	70.050				(Specify Yes		S.A.	
	1 Never Married 2	Married	FORCES? 1	YES	2 XNO		16	yes, spe	ecity Cuba	n, Mexican	n, Puerlo Ri		or No-	14. RACE Black,	- American Indian, Whits, etc.
ВУ	3 🔀 Widowed 4 🗌 Divo	roed	IF YES, GIVE W	MH OH DA	IES		1	☐ YES	2 XNO	Specify:	:		- 1	Specify	White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY												WILLCC		
(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)															
립	8 years Seamstress Clothing Mfg.														
ō	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 years 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Seamstress 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meldlen Surname)														
BE C	Dewey			Se	ekfor	rd				ısan				Hurd	
TO B	19s. INFORMANT'S NAME (7)	rpe/Print)			19b. M	IAILING A	DDRESS	(Street a	nd Number	or Rural A	oute Numbe	r, City or Town	, State, Zip	Code)	
F	Carol A. Swe	igert													21742
	20s. METHOD OF DISPOSITI		uml tram State		PLACE AND	DATEOR	DISPOSI				DATE			City or Tow	
	4 Donation 5 Other	(Specify)		- Re	stery.cremeto st Ha	ory or oth	er place) Cem	eter	cv Ju	ılv 1	1199	6 Hage	ersto	wn M	aryland
1	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE				22. N	AME AN	D ADDRES	SS OF FAC	YLITY				
	1 Jano	la N.	Lie	C1			113	31 E	Caste	ern E	Blvd.	uneral	agers	town	Md. 21742
	23, PART i. Enter the di	sesses, or c	omplications that List only one ceu	csused	tha death	. Do no	t enter	the mo	da of dyl	ng, such	as cerdi	ec or respi	ratory arr	est,	Approximate
- 1	IMMEDIATE CAUSE (Fin		List only tina ceu	^											Onset and Death
	disease or condition resulting in death)	+ .		141	DIDE	N	6	DE	4711	-					
İ				(OR AS A	CONSEQUE										
Z	Sequentially list conditi	000)	Asc	- 0										
Ĕ	if sny, leading to immed	liata			CONSEQUE										
2	cause. Enter UNDERLY il CAUSE (Disease or injui		DUE TO	J141	B ETE	29	45 H	47	15						
CERTIFICATION	that initiated events resulting in death) LAST		DOE 10	(OH AS A I	COMSEQUE	NCE OF									
			l												
	PART II. Other significan						tha uno	deriying	causa g	lven in F	Part i.	24a. WAS AN			WERE AUTOPSY FINDINGS
EDICAL	ESR		HENO									PERFOR			MAILABLE PRIOR TO COMPLETION DF CAUSE
	J.	T. PUST	. CHOLE	CZST	ECTEN	ال					_		yo no		OF DEATH?
Σ.	DID TOBACCO US						П	ЮП	UNC	FRTAIN					I LES Z NO
X I	25. WAS CASE REFERRED TO				6. PLACE O										
PHYSICIAN:	EXAMINER?		HOSPITAL: 1 Inpatient 2	ER/Outpar	tient 3 🗆 I		OTHER Numb		5 6/Re	sidence 6	B ☐ Other	(Specify)			
ž I	27. MANNER OF DEATH		28s. DATE OF (Month, De		28	Bb. TIME	OF :	28c. INJL	JRY AT	-		RIBE HOW IN	JURY OCC	URED	
BY		Pending nvestigation	(MOntri, De	ay, reary		INJU	M	1 Y	ES 2	NO					
	3 Suicide 8 0	Could not be	28s. PLACE Of	F INJURY -	— At home,	farm, str	eet, facto	ry, office)		28f. LOCAT	ION (Street s	nd Number	or Rural Ro	ute Number,
	4 Homicide	letermined	Danieling,	are (opeca)	"					- 1	City or	Town, State)			
2 1	29s. CERTIFIER 1 CERTI	FYING PHYSIC	CIAN: To the best of	my knowle	dge, deeth o	occurred	at the tin	ne, dats	and placs.	and due 1	o the cause	nem has (s)e	nor on state	4	
COMPLETED															and manner as stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIER	1	,					29c. LICE	NSE NUM	BER		29d, DATE	SIGNED (Month Day Year)
BE	UTA	This		17	\wedge			- 1	Ι	01371	.3		•	07-	01-1996
2	30. NAME AND ADDRESS OF		COMPLETED CAUS	E OF DEAT	TH (/TEM 27	7) (Туре, Р	rint)			m 0.5	7/0				
	OTTO, ROZA		12931 0				HAGE	RST(I, NWC	MD 21	1/42				
	31. DATE FILED (Month, Day,)	bar)	32. REGISTRA	R'S SIGNAT	TURE	H									
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE. 34. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE.														



		1 December 1 and 1	State of Maryla		ate of Death	ı	Reg. No.	
Physic	ian	Decedent's Name (First, Middle, Last)			2. Dete of Dea Month	ith Dey	3. Time of Death
/Medi			RBETT			June	17,	1996 3:20 A.M.
Examii	ner	4e. Fecility Neme (If not institution, give	street and number)			Location of Deeth		
		4208 Will Street 5. Social Security Number 6. Se	7 8 /	foot birth do 1 H HD	der 1 Year If Under 24 Hrs	l Heights		e George's
uneral			XM 2DF	: last birthday) If Uni Yrs. Month		(Month, Dev	Year)	Birthplece (State or Foreign Country)
rector		Usuel Residence of Decedent	36			4-13	-1960	North Carolina
M to		10a. Stete 10b. County	10c. C	ity, Town or Location				10d. Inside City Limits
28a-f show notified at	to	Maryland Prince G	enrge's (Capital Hei	ghte			1⊠ Yes 2 □ No
Ne not	Director	10e. Street end Number	001800	-	Zip Code		10g. Citizen of V	Whet Country?
ner must be notified at		4208 Will Street			20743	,	United S	States
INSC INC	Funeral	11. Meritel Status	12. Wes Decedent Ever in		pedent of Hispenic Orlgin? (5	Specify Yes or No-	14. Reci	- American Indien,
THE STREET		1 Never Merried 2 Married	Armed Forces? 1 ☐ Yes 2 ☑ No		pecify Cuban, Mexicen, Puer	to Rican, etc.)	7-3-6	k, White, etc.
	by	3 Widowed 4 Divorced	If Yes, Give Yeer or Detes:	1 Li Yes	2⊠ No Specify:		Afric	can American
	Completed	15. Decedent's Edu (Specify only highest grad	cation	16a. Decedent's U	suei Occupetion work done during most of wo	orde lan a	16b. Kind of Bu	
	ple	Elemenfery/Secondery (0-12)	College (1-4or 5+)	life. DO NOT	use retired)	ikilg		
	5	12		Retired	- Disabled		P1	rivate
	Be (17. Fether's Neme (First, Middle, Last)			18. Mother's Na	me (First, Middle,		
	To	Elbert R. Corbe	tt		Betty	Glass		
		19e. Informent'e Neme/Reietionship (T)	pe, Print)	19b. Meiling Addre	ess (Street end Number or R	ural Route Numbe	r, City or Town,	Stete, Zip Code)
		Betty Jane Corbet	t - Mother	5654 Bur	on Chapel Ro	ad, Mebai	ne. N. (2, 27302
		20e. Method of Disposition	20b.	Piece of Disposition (#	leme of	Dete		City or Town, Stete
		1 ☐ Buriel 2 ☐ Cremetion 3X F 4 ☐ Donetion 5 ☐ Other (Specify)	lemovel from State SW	eet Gum Gro urch Cemet	rotherplace) Ove Baptist	6/22/96	Mahane	e, N.C.
		21. Signature of Funerei Service Licens			end Address of Fecility	0/22/90	Heballe	N.U.
oud		MIL TO	A TT		ART FUNERAL H			
	\vdash	21 Fact 1 Enter the disease or comp	way 4	4001	Benning Road	N.E., W	ashingto	D. C. Approximete
		art1. Enter the disease, or compleshock, or heart feilure. List only of	ne ceuse on each line.	sin. Do not enter the n	ode or dying, such es cerule	c or respiretory en	931,	Interval Between Onset and Deeth
an cal		Immediate Ceuse (Finel	-AIDS					41/20
er		diseese or condition resulting in deeth)						11242
	9		Due to	(or es e consequence d	of):			
	Examiner).					i
	Exa	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying	Due to (or es e consequence o	r();			
	cail	Ceuse (Diseese or Injury fhet initieted events	,					
		resulting in deeth) Last	Due to (or es e consequence o	1):			
	Š		l					
	Physician/Med							
	ysi	Pert II. Other significant conditions cor			g cause given in Pert I.		1	tribute to the causa of death?
		CNS TOXO	PLASMOSI	5		101	es 212 No	3 Probably 4 Unknown
	d by	CMV RET	10.74			24e. Wes	an autoney	24b. Were autopsy findings
	Completed	CIIIV RE	(11111)			perfor	med?	eveileble prior to completion of ceuse
	d L						/	of deeth?
						1 🗆 Y	es 212 No	1 ☐ Yes 2 ☐ No
	Be	25. Wes case referred to medical exeminer?	le enitet.			eth (Check only or	ne)	
	2	T Tes 2 W No				Home 5 12 Resid		* * * * * * * * * * * * * * * * * * * *
	on o	27. Menner of Deeth 1 Menturel 5 ☐ Pending	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Injury et Work?	28d. Describe h	ow Injury occurr	ed
	1 = 1	2 Accident Investigation 3 Sulcide 6 Could not be						
	S S	3 7 2010106 a 7 conig iloi pe	28e. Place of Injury - At I building, etc. (Spec	nome, ferm, street, fect ify)	ory, office	28f. Location (S City or Tow		er or Rurel Route Number,
	rifica	4 ☐ Homicide determined						
10.01	Certification:	4 Homicide determined						
5		29e. Certifier 1 Certifying Phys	olcian: To the best of my kn	owledge, death occurre	ed et the time, date end plece	a, end due to the d	euse(s) end me	nner es steted.
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State of Maryland / Department of Health and Mental Hygiene 96

20692

								f Death			Reg. No.		
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uneral		5. Social Security Number	6. Sex		7. Age (In yrs.	lest birthday)	If Under 1 Yea		24 Hrs.	8. Dete of B	irth .	9. Birtl	holece (State or Forei
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MO TE		10e. Stete 10b. Coun	ty		10c. Ci	ity, Town or Lo	ocation						10d. Inside City Limit
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off of	-	20e. Method of Disposition	, ,	2011	20b. I	Plece of Dispo	sition (Neme of			Dete	20c. Location		
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State of Maryland / Department of Health and Mental Hygiene

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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Funeral Director	1	5. Sociel Security Number UNAVAILABLE	6. Se			s. last birthdey) Yrs.	If Under	er 1 Year	If Under		8. Date of 8	Birth Dey, Yei		9. Birthp	elece (Stete or etry) ALVADO	Fore R		
ed #		Usuel Residence of Deceden 10a. Stete 10b. Con	inty	by		CKVILLE								1	0d. Inside Cit			
with the Mai a or 28a-f o be notified Director	5	10e. Street end Number	rgome		KU	CKVILLE	10f. Z	ip Code						Whet Cour				
s 1 and 2 should be filed within 72 hours after death with the Maryland (Health and Mental Hygiane. The sith and Mental Hygiane. other traumstic event, the Medical Examinar must be notified at To Be Completed by Funeral Director		5514 BESLEY Co	Merried	12. Was Dec Armed F 1 Yes If Yes, G	2X No					~	ecify Yes or I Rican, etc.)	EL No-	14. Reca - American Indien, Bleck, White, etc.		etc.			
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permit. Pages 1 end Department of Health Important: If Nem 27 any Injury or other tr once.		EMILIA A. PA 20e. Method of Disposition 123Burial 2 Cremeti	on 3 🗆 F	Removel from State			of Disposition (Neme of tery, cremetory or other place)				RCLE#3 Dete 6 96	31 SILVER SPRING, MD 20c. Location - City or Town, Stete						
Demit. Po Departme Important any Injury once.		4 Donetion 5 Othe 21. Signeture of Funeral Sen	2	22. Neme end Address of Fecility W.H. BACON FUNERAL HOME INC.														
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Physician /Medical Examiner		Immediete Cause (Finel diseese or condition resulting in deeth)		. Mei		HC V			all	cel	e len	29 (OM	cer	3mb			
certificate be axecuted dring physician and use as the buriel-transit and are the buriel-transit and are the buriel examiner.	Medical	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying cause (Disease or Injury that Initiated events resulting in deeth) Lest	{	c		or es a consec												
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his certificate he director, page	2	25. Wes case referred to med exeminer? 1 Yes 2 1 No	-	lospitel:	ospitel: 1 the patient 2 □ ER/Outpatient 3 □			Other			th (Check only one) me 5 ☐ Residence 8 ☐ Other (Specify)			v)				
ftar t unera	2	27. Menner of Deeth 1 Naturel 5 Pending (Month, Dey Year) 2 Accident investigation 28a. Dete of Injury (Month, Dey Year) M											ribe how injury occurred					
		3 ☐ Suicide 6 ☐ Could not be determined 28e. Place of Injury - At home, ferm, street, fectory, c building, etc. (Specify)						ry, office			28f. Location City or 7	ion (Street end Number or Rural Route Number, or Town, Stete)						
within 24 hours effective to the Funeral Director Completely filled in Medical Cert		29a. Certifier 1 Certi (Check only 2 Madi	fying Physical Exami	ner: On the b	best of my kn esis of examin ner steted.	owledge, deetl etion end/or In	occurred vestigation	d et the t n, In my	ime, date en oplnion, dee	d plece, th occur	end due to th red et the time	e, dete e	(s) end m end pleca,	enner es si end due to	eted. the cause(s)			
within 2 To the comple	2	29b. Signeture and title of cer	tifier	an	Nur	om 23e) (Type,			se number	4			7	od (Month, 24		6.		
1 11						m 23e) (Type,										-		

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Dete of Deeth JUNE 30 1. Decedent's Name (First, Middle, Last) BETTY CAROL WRIGHT COOK 1996Time of Death **Physician** BETT COOK 4:05 PM 30 6 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** FT. WASHINGTON HOSPITAL FT. WASHINGTON PRINCE GEORGE'S | If Under 1 Yeer | If Under 24 Hrs. | 8. Date of Birth | 9. Birthplece (State or Foreign Months | Days | Hours | Min. | SEPT. | 6, 1949 | WASHINGTON | DC 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 9. Birthplece (State or Foreign **Funeral** 1 M 2 X F 219-56-2349 Yrs 46 Director Usual Residence of Decedent the Marylend 10e. State 10b. County 10c. City, Town or Location 10d. inside City Limits r 28a-f show **CHARLES** 1 Yes 2XX No Directo MARYI AND **BRYANS ROAD** 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? permit. Peges 1 and 2 should be filed within 72 hours effer death with it Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "naturel", or items 23a or 2 any injury or other traumatic event, the Medical Examiner must be an once. 6894 ARBOR LANE 20616 UNITED STATES Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 Ø No If Yes, Give Year or Dates: 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 11. Marital Stelus 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: 3 □ Widowed 4 Divorced Specify: þ WHITE Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondary (0-12) GRAPHIC ARTIST U.S. GOVERNMENT 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be ROBERT WRIGHT EDNA GENEVIEVE FARRELL 2 19a. informant'a Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) ROBERT WRIGHT - FATHER 88 MATTINGLY AVENUE, INDIAN HEAD, MARYLAND 20640 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) TRINITY MEM. GARDENS, JULY 3, 1996 WALDORF, MARYLAND Funeral Service Licence THE HUNTI FUNERAL HOME, INC. MARK G. BROHAWN M00053 P.O.BOX 156, WALDORF, MARYLAND 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart tailure. List only one cause on each line. Approximate Intervel Between Onset end Death **Physician** Immediete Cause (Final disease or condition resulting In death) /Medical Examiner Examiner physician end the buriel-transit requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury thal initiated events resulting in death) Last Division of Vital Records. P.O. Box 68760. Physician/Medical Due to (or as a consequence of) Se esn signed by the e Part il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy tindings available prior to completion of cause ot death? 24a. Wes an autopsy performed? Completed has certificate 1 ☐ Yes 2 ☐ No Hospital or Attending Physicien: director, 25. Was case reterred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 9 1 Inpatient 21 ER/Outpatient 3□ DOA After this funeral 27. Manner of Death 28a. Date of injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? 5 Pending investigation 1 Natural deeth. 1 ☐ Yes 2 ☐ No 2 Accident after deeth Director: 6 Could not be determined 3 Sulcide 28e. Placa of Injury - At home, farm, street, tactory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 | Homicide 24 hours a 1 Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end manner stated. 29a. Certifier Medical To the Hosp within 24 ho To the Fune completely fi 29b. Signature and title of certities 29c. License number 29d. Date signed (Month, Day, Year) 007287 JULY 1, 1996 30. Name and address of person who completed cause of death (frem 23a) (Type, Print) R.A. MC CONNAUGHY, M.D., 11418 LIVINGSTON ROAD, FT. WASHINGTON, MARYLAND 20744-5100

31. Dete filed (Month, Dey, Year) 3 1996 July daysten Randall

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State Registrar

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State of Maryland / Department of Health and Mental Hygiene

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	Funeral Director		5. Sociel Security Nun	244	Sex 1□xM 2□ F	7. Age (in y	rs. last birthde 63 ^{rs.}	/) If Under Months	r 1 Year Deys	if Under Hours	24 Hrs. Min.	8. Dete of Bir (Month, Da 06/0	th ly, Year) 2/33	Cour	piece (State or For htry) higan	e <i>ig</i> n
Ī	deeth with the Marylend ms 23e or 28e-f show rmsst be recitied at	ector	Md.	0b. County Wico	mico	10c.	City, Town or I	ocation Sali	sbu	ry				1	0d. Inside City Lin	
	ith th	Dire	10e. Street end Numb					10f. Zig					10g. Citizen of		•	
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000	after or its	Be Completed by Funeral Director	11. Merital Stetus 1 Never Married 3 Widowed 4		12. Wes Dec Armed Fo 1 X Yes If Yes, Gi Year or D	rces?		if Yes, spe	cify Cub	an, Mexica	n, Puerto	ecify Yes or No Rican, etc.)		ce - Americ ck, White,		:e
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ore,	of He itam		20e. Method of Dispos			20b	. Place of Disposer cometery, cr	position (Ne	me of other pla	ce)	I	Date 20c. Location - City of			own, State	
Baltimore	pemit. Pages 1 and 2 Depertment of Health e Important: If item 27 is any Injury or other tra once.		1 ☐ Burial 2 🖾 (4 ☐ Donation 5			Salisbury Crematory					v	5/27	27 Salisbury, Md.			
Salt	pemit. Pa Depertmen Important: any Injury once.		21. Signeture of Fune	rai Service Lice		22. Name ar	nd Addre	ss of Fecili	-							
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P.O.	that the death c	Physician	Pert II. Other significa	int conditions	contributing to d	eath but not r	esulting in the	underlying o	ause giv	en in Pert	i.				the cause of dea	
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	Sta Registr								all							

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decadant's Nema (First, Middle, Last) 2. Data of Deeth 3. Time of Deeth Month **Physician** Bobby Tee CRONISE June /Medical 4e. Facility Name (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Washington County Hospital recurrity Number 6. Sex 7. Age (In yrs. last birthdey) Hagerstown
If Under 1 Yaar | If Under 24 Hrs. | 8. Da
Months Days Hours Min. (M Washington 9. Birthplaca (Steta or Foreign Country) Maryland 8. Date of Birth (Month, Dey, Year) **Funeral** Months Days 1**X**XM 2□ F 65 Director 214- 28- 0567 Nov.27,1930 Usuel Residence of Decedent the Menyland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at 1 X yes 2 □ No Directo Maryland Washington Hagerstown 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? Funeral Devonshire Rd. 21740 U. S. A Race - American Indien, Black, White, etc. 12. Was Dacedant Ever In U,S. Armad Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) permit. Peges 1 and 2 should be filed within 72 hours after of Department of Health and Mentel Hygiene. Important: If item 27 te marked other than "natural", or han any Injury or other trauments. 17 Yas 2 No If Yes, Give 1951-1959 Yeer or Detes:951-1959 1 ☑ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1□Yes 2□No þ 3 Widowed 4 Divorced Specify: White Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede complated) 16b. Kind of Business/Industry Elamentery/Secondery (0-12) College (1-4or 5+) Clerk CSX Railroad 12 17. Fether's Name (First, Middle, Last) 18. Mothar's Neme (First, Middle, Melden Sumema) Be S. Warner Cronise Carrie E. Smith 19e. Informant's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Carrie E. Cronise/ Mother 76 Devonshire Rd., Hagerstown, Maryland 21740 20b. Plece of Disposition (Nema of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Deurial 2 Cremetion 3 Removal from Stete Boonsboro Cemetery 7-1-96 Boonsboro, Md. 21713 4 ☐Donetion 5 ☐Other (Specify) 7606 Old National Pike 21. Signeture of Funeral Service Licensea 22. Nama and Address of Facility Boonsboro, Md. 21713 John H. Bast, Jr. BAST FUNERAL HOME, 23a. Perty Enter the disease, or conplications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest, shock, or heert feilure. List only one ceuse on each line. Approximete Onsat and Deeth **Physician** Immediete Cause (Finel disease or condition resulting in deeth) /Medical pos Examiner ettending physician and for use es the bunel-transit The lew requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in death) Last Due to (or es e consequé P.O. Box 68760 Physician/Medical Due to (or es a consequance of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Were autopsy findings evallabla prior to completion of causa of death? 24e. Wes an autopsy performed? Completed peen hes page 2 certificate 1 Yes 2 No 1 Yas 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours efter death. Be 25. Was casa referred to medical examiner? 28. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Homa 5 Residence 8 Other (Specify) P 1 ☐ Yes 2 ☐ No 1 Hinpatient 2 ER/Outpatient 3 DOA this tuneral 27. Manner of Deeth 28e. Date of Injury (Month, Dev Year) 28b. Time of 28d. Describe how Injury occurred Medical Certification: 28c. Injury at Work? After 5 Pending Invastigetion 1 PlNaturel 1 ☐ Yes 2 ☐ No 2 Accident Director: within 24 hours effer dea To the Funerat Director completely filled in by th 3 ☐ Sulcide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and plece, end due to the cause(s) end menner es steted.
2 Medical Examiner: On the bests of examinerinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end pleca, end due to the ceuse(s) and menner steted. 29b. Signature and 29c. Licansa number 29d. Dete signed (Month, Day, Year) 30. Neme and eddress of 31. Date filed (Month, Dey, Year State JUL 01 Registrar

DHMH 16 Rev 6/95

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adote out 9 april 600 PM

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Day CHURCH JUNE 25, 1946 Albert 0350 Samuel 5 4 1 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SALISBURY WICOMICO PENINSULA REGIONAL MEDICAL CENTER if Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 1 2 M 2 ☐ F 7. Age (In yrs. last birthday) Birthpiaca (Stete or Foreign Country) **Funeral** Deys Hours Director 214-30-8135 Nov. 5 1931 Maryland 64 Usuei Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits item 27 is marked other than "naturel", or items 23s or 28s4 show other traumatic event, the Medical Examinar trains to notified at 1 Yes 2 No Director Maryland Wicomico Mardela Springs 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 25313 Ocean Gate Way death U.S.A 14. Race - American Indien, Bleck, White, etc. 21837 Funera 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) permit. Pages 1 and 2 should be filed within 72 hours after c Depertment of Haalth and Mantel Hyglana. Important: if item 27 is marked other than "naturel", or item any injury or other traumatic event, the Madical Exercises once. 1 Yes 2 No If Yes, Give Yeer or Detes: Korean 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: by 3 ☐ Widowed 4 ☐ Divorced **Black** Completed 16a. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Truck Driver None 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be 2 Samuel Church Laura Gattis 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code 21837 19e. Informent's Neme/Reletionship (Type, Print) (Wife) Joan Church 25313 Ocean Gate Way, Mardela Springs, Md. 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 □ Cremetion 3 □ Removei from State 4 □ Donetion 5 □ Other (Specify) Springhill Gardens Hebron, Md. 21. Signature of Funeral Service Licensee 22. Neme end Address of Fecility Stewart Funeral Home 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. 821 West Rd.Salisbury, Md.21801 Approximate Intervei Rebu Intervei Between Onset end Deeth Physician /Medical Immediate Cause (Final disease or condition resulting in death) 12 mo Examiner Due to (or es e consequence of) Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last pue Due to (or as a consequence of) physician el s the burial-t Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as a consequence of): ettending p been signed by the should be detached Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings available prior to completion of cause of deeth? 24e. Wes en autopsy performed? Completed pege 2 2 No 1 Yes 1 ☐ Yes 2 ☐ No certificate To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifical completaly filled in by the funeral director, Be 25. Wes case referred to medical exeminer? 28. Plece of Death (Check only one) Hospitai: 1 Inpatient 2 ER/Outpetient 3 DOA Certification: To 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Naturel 2 ☐ Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29e. Certifier Medical (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 20507 30. Neme end eddress, who completed cause of deeth (Item 23e) (Type, Print) CHRROLL ST SALISBURY 145 E. Losewh URASSO

Registrar's Signeture

PHMH 16 Rev 6/95

State

Registrar

31. Dete filed (Month, Dey, Year)

JUN 27 1996

AND THE LOCK OF THE SECOND SECOND

State of Maryland / Department of Health and Mental Hygiene 20699 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** MICHAEL COMFORT Wayne JUNE 15, 1996 06:28 A.M. /Medical 4a. Facility Neme (If not Institution, giva street end numbar) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner MALCOLM GROW MEDICAL CENTER ANDREWS PRINCE GEORGES AFB If Undar 1 Yaar | If Under 24 Hrs. | 8. Data of Birth Months | Days | Hours | Min. | 8. Data of Birth (Month, Dey, 7. Aga (In yrs. lest birthday) 9. Birthpleca (Stete or Foreign Country) 961 Wash. D.C. 5. Sociel Security Number 6. Sex Months 1∭ M 2□ F Yrs 578-90-2031 34 SEPTEMBER 25, 1961 Usuel Residence of Dacedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits XXXX 2 □ No Director Washington, D. C. 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 20010 N. W. UNITED STATES OF AMERICA 632 Otis Place, Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? 11. Marital Status Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 ☐ Nevar Merried 2 ☒ Married 1 N Yes 2 No 1982 to 1 ☐ Yes 2 No Specify: Specify: þ If Yes, Give Year or Detas: 3 Widowed 4 Divorced BLACK 1988 Completed 16e. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Private Industry Data Processing Technician 12th grade 17. Father's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Symema) Phyllis M. Gray Comfort Comfort Clarence Walter P 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 632 Otis Place N. W., Washington, D.C. 20010 Phyllis M Gray Comfort, Mother
20e. Method of Disposition 20b. I 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stata 1 D Surfal 2 Cramation 3 Removal from State Quantico National Cemetery21 Jun 96 Triangle, Virginia 22. Name and Address of Facility Johnson & Jenkins Funeral Home 21. Signature of Funerel Sarvice Licent 716 Kennedy Street, N. W., Washington, D.C. 20011 23a. Pept. Enter the diseesa, or complications thet ceusad tha deeth. Do not entar tha moda of dying, such es cerdiec or respiretory errest, shock, or heert tellure. List only one ceuse on eech line. Approximete Intervel Between Onset end Deeth Immediete Cause (Finel diseesa or condition resulting In deeth) GUNSHOT WOUND TO HEAD Due to (or es e consequance of) Sequantially list conditions, if eny, leeding to immadiate ceuse. Enter Underlying Ceuse (Diseese or Injury that Initieted events resulting In deeth) Lest Dua to (or as e consequance of) Dua to (or es e consaguance of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Type 2 No 3 Probably 4 Unknown 24b. Were eutopsy tindings availabla prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1) Yes 2□No 1 Yes 2 No 25. Wes cese reterrad to medicel exeminer? 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 【 Residence 6 ☐ Other (Specify) 1 Yes 2 No 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred 1 Netural 5 ☐ Pending 1 ☐ Yes 2 ☑ No 2 Accident investigation JUNE 15, 1996 2:15 X SELF INFLICTED 6 Could not be determined 3 X Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28t. Location (Street end Number of Rural Route Number, City or Town, Stetet 633-I MAPLE COURT 4 Homicide

1 Certifying Physician: To tha bast of my knowledge, daath occurred at the time, dete end plece, end due to the ceuse(s) end manner as stated.

2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end menner stated.

29c. License number

MD 17816

ANDREWS AFB

ANDREWS AIR FORCE BASE, MARYLAND 20762-6600

20762

MD

JUNE 15, 1996

29d. Date signed (Month, Dey, Year)

sician and buriel-transit certificete be executed ng physician i Box 68760 USB for Division of Vital Records, P.O. the detached signed by 8 Deen page 2

Funeral

Director

7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Modical Examiner must be notified at

2 should be filed within 72 hours efter death v end Mental Hygiena. Is marked other than "natural", or itema 23

permit. Pages 1 end 2 sh Depertment of Health end Important: If Item 27 Is m any Injury or other traum 00.02.

Physician

/Medical

Examiner

Baltimore, Maryland 21215-0020

with the Maryland

Examiner Physician/Medical by Completed Be 2 Certification:

쿭 [Rueun] Athar Attending death after death Director: 24 hours a Hospital To the Within 2

31. Data tiled (Month, Dey, Year) JUN 24 1996

29b. Signeture and titla ot certifier

29a. Certifier

(Check only one)

Medicai

State

Registrar

30. Neme end eddress of person who completed ceuse of deeth (per 2\$a) (Type, Print) 1050 WEST PERIMETER ROAD BRYAN C SHARPE, MAJ, USAF, MC

Registrer's Signature

SPOUSE'S RESIDENCE

DHMH 16 Rev 6/95

Washington Advanced

1 8 00

State of Maryland / Department of Health and Mental Hygiene 20700 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** CUNNINGHAM Christine 11:30AM /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Prince George's Comm. Hospital Prince George's Cheverly If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** 1□M 2 F Director 577-26-6512 12-24-1914 Charlotte, NC Usuai Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits ms 23a or 28a-f show 1 1 Yes 2 No Funeral Director Washington, DC 10e. Street and Number 10f. Zlp Code 10g. Citizen of Whet Country? permit. Peges 1 end 2 should be filed within 72 hours efter death with t Department of Health end Mental Hygiene.
Important: if Item 27 is marked other than "natural", or items 23a or 2 any injury or other traumatic event, the Medical Examinations that he reference in the many injury or other traumatic event, the Medical Examinations in the many interests. 20003 1842 Bay Street, SE USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes, 2 ② No If Yes, Give Yeer or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bieck, White, etc. 1 Never Merried 2 Married 1 Yes 2 No Specify: Specify: Black þ 3 ☑ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Housewife unavailable Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be Samuel Rudisell Bessie Davidson 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 1842 Bay St., SE Washington, DC 2000 3 19e. Informent's Neme/Reletionship (Type, Print) Yvonne McCray/Daughter 20b. Piece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Buriei 2 ☐ Cremetion 3 ☐ Removel from Stete 6/22/96 4 ☐ Donetion 5 ☐ Other (Specify) Cedar Hill Cemetery Suitland, MD 21. Signature of Feheral Service Li 22. Neme end Address of Fecility Tyrone J. Young Funeral Services 5635 Eads St., N.E. Washington, DC 20019 Do not enter the mode of dying, such es cardiec or respiretory errest, Approximete tntervei Between Onset end Deeth **Physician** 1-2 days /Medical Immediete Ceuse (Finei diseese or condition resulting In deeth) Examiner Due to (or es a consequence of) Examiner ettending physician and for use es the burial-transit Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initieted events resulting in deeth) Lest EUKEMIA Physician/Medical Due to (or es e consequence of): signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 D tinknown TENSIVE ATHENOSCLERETTIC DISENSE þ 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24e. Was an eutopsy performed? Completed PIPHERAL VASCULAR DUENSE 2/1 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer?

1 ☐ Yes 2 ☑ No funeral director, Be 26. Piece of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 28e. Dete of Injury (Month, Dey Year) Certification: 27. Menner of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Neture 1 ☐ Yes 2 ☐ No 2 Accident 6/19/96 3 Suicide 6 Could not be determined 28e. Piece of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) ampletely filled in by 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. Medical 29e. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 20/4 D4366 MB 3Q. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) heverly, Md. 20785 BOUCE

Registrar

31. Dete filed (Month, Dey, Year)

JUN 2 4 1996

32. Registrer's Signeture

the Marylend

Baltimore, Maryland 21215-0020

requires that the deeth certificate be executed

P.O. Box 68760,

Division of Vital Records,

certificate has

Hospital or Attending Physicien: 24 hours after deeth. Funeral Director: After this certific

24 hours

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and the state of the state of

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, if filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	t, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the infer within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	MMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

3 should

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)				DEATH	REG. NO.						
	0				2. DATE OF DEATH MONTH DAY	Y YEAR	3. TIME OF DEATH				
1 homas	CIA	RY			6 10		6A				
4. SOCIAL SECURITY NUMBER 251-63-0946	1 2 M 2 D F	AGE (In yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year)	Coun	HPLACE (State or Foreign try) ATA CAROLI				
90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH PESIDENCE OF DECEDENT PESIDENCE OF DECEDENT											
100, STATE 10b, COUNTY	3		Y, TOWN OR LOCATI				10d. INSIDE CITY LIMITS?				
100. STREET AND NUMBER 4202 58th Ave.	#209		10f.	ZIP CODE 20710		10g. CITIZEN OF	WHAT COUNTRY?				
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 X IF YES, GIVE WAR US ARMY	EVER IN U.S. ARMED YES 2 NO ROR DATES WWII	if yes, spe-		NIC ORIGIN? (Specify Yee an, Puerto Rican, atc.) fy:		E — American Indian, ok, White, etc.				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 7 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Stock Clerk Giant Food Sto											
17. FATHER'S NAME (First, Middle, Last)			101 = 201	18. MOTHER'S N.	AME (First, Middle, Meiden S		JULES				
Numpty Boyd				Jul	ia Clarv						
19a. INFORMANT'S NAME (Type/Print)				d Number or Rural	Route Number, City or Town		20710				
Floria Clary		4202	58th Av	re., #:	209 Blade	nsburg,	MD				
20s, METHOD OF DISPOSITION 1 \(\text{M} \) Burlel 2 \(\text{Cremation} \) 3 \(\text{Rem} \) Rem 4 \(\text{Donation} \) Donation 6 \(\text{Other} \) Other (Specify)	oval from State	20b. PLACE AND DATE cemetery, cremetory or of Harmony Man	ther place)		6/25/96 La	CATION — City or T					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Tyrone J. Young Funeral Services 5635 Eads St., N.E. Wash., DC 2001											
disease or condition resulting in death) a. SEPSIS DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF COMPLETION											
25. WAS CASE REFERRED TO MEDICAL			26. PL/	CE OF DEATH (C	back only one)						
EXAMINER?	HOSPITAL:	R/Outpatient 3 DOA	OTHER:		6 Other (Specify)						
27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF IN (Month, Day,	JURY 26b. TIM	IE OF 28c. INJU	RY AT	28d. DESCRIBE HOW IN	JURY OCCURED					
2 Accident Investigation 3 Suicide 6 Could not be determined	28e, PLACE OF a building, etc.	NJURY — At home, farm,	street, factory, office		26f. LOCATION (Street e. City or Town, State)	nd Number or Rural	Route Number,				
one)					to the cause(e) end meni		s) end menner ee stated.				
29b. SIGNATURE AND TITLE OF CERTIFIER	\$rs			D46			O (Month, Day, Year)				

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** Month Yaar DAVIS, Jr. Charles Russell 0515 Jul 1996 /Medical 4a. Facility Nama (If not institution, giva street and number) 4c. County of Death 4b. City, Town, or Location of Death **Examiner** Wsahington County Hospital WASHINGTON Hagerstown If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** 1 X M 2 □ F 217-16-2435 Yrs. Director 73 Dec.28,1922 Maryland Usual Rasidance of Dacedant the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Hygiene. Physiene. other than "natural", or liems 23a or 28a-f show rent, the Medical Examiner must be notified at 1 X Yas 2 No Director Washington Williamsport 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? permit. Pages 1 and 2 should be filed within 72 hours after death with it Department of Health and Mental Hygiene. Important: If Itam 27 is merked other than "natural", or items 23a or 2 and Injury or other treumatic event, the Medical Examiner must be as once. 21795 USA 42 W. Salisbury St. Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Biack, Whita, atc. 1 M Yas 2 No 1943− If Yes, Giva Yaar or Datas: 1945 1 ☐ Navar Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No Specify: by Specify: White 3 ☐ Widowed 4 ☒ Divorcad Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collaga (1-4or 5+) Key Punch Operator Military Supply Depot 12 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be Aletta Pearl Corwell Charles Russell Davis, sr. 19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 14806 Maryland Line Rd.Greencastle, PA 17225 Barbara June Myers 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 X Bunai 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) Greenlawn Memorial Park Jul.6,1996 Williamsport, MD 21795 22. Nama and Addrass of Facility OSBORNE FUNERAL HOME P.O.Box # 348 Williamsport, MD 21795 Part I. Entar tha disaasa, or complications that ceusad tha daath. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Betwaen Onset and Death **Physician** /Medical Immadiata Causa (Final Responding disaasa or conditior rasulting in daath) Examiner Dua to (or as a consequence of): Examiner oblimchi Pulmones ソー or Attanding Physician: The law requires that the death certificate be executed burial-transit Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarfying Causa (Disaasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of): Box 68760. Physician/Medical the Dua to (or as a consequence of): for usa as Part II. Other algnificant conditions contributing to death but not rasulting in the underlying ceuse given in Part I. P.O. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Hriknown Senice Demention Records, þ 8 24b. Wara autopsy findings availabla prior to complation of causa of daath? 24a. Was an autopsy Completed paga 2 1 | Yas 2 | € NO 1 ☐ Yas 2 ☐ No Division of Vital 25. Was casa rafarrad to madical 26. Placa of Daath (Check only ona) Othar: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) Certification: To 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ENOutpatiant 3 ☐ DOA this funeral 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 27. Mannar of Death 28b. Tima of 28d. Dascribe how injury occurred After 1 Natural 5 Panding 1 Yas 2 No 24 hours after death. Funeral Director; A invastigation 2 ☐ Accidant 6 Could not be datarmined 3 Suicida Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) fillad in by 4 - Homicida Hospital 29a. Cartifiar Medical 1 Cartifying Physician: To tha bast of my knowladga, daath occurrad at tha tima, data and place, and dua to tha causa(s) and mannar as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. within 2 29b. Signatura and titla of cartifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) -touth MD P1081Q July 3, 1996 30. Nama and addrass of person who complated ceusa of daath (Itam 23a) (Type, Print) 334 m 32. Registrar's Signatura V. Datta 2+ Hagerstown Ind 31. Data filed (Month, Day, Year) State Registrar JUL 0 5 1996

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State of Maryland / Department of Health and Mental Hygiene 96

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27. Menner of Deeth 1 Naturel 5 Pending investigation 3 Sulcida 4 Homlcide 4 Homlcide 28e. Plece of Injury - At home, farm, street, fectory, office 28d. Describe how Injury Work? 28b. Time of Injury Work? 1 Yes 2 No 28e. Plece of Injury - At home, farm, street, fectory, office 28f. Location (Street et al., Specify)	ury occurred			
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State of Maryland / Department of Health and Mental Hygiene

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Physician /Medical	Decedent's Neme (First, Middle, La James	Dicke	cson			2. Dete of D Juneth		3. Time of De 12:32	
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Funeral Director	5. Social Security Number 238-34-4345 Usual Residence of Decedent	Sex 7. Age (In	yrs. lest birthday) 69 Yrs.			8. Dete of B	irth ley, Year)	9. Birthplece (Stete or For Country) Ruffin, N	
/land	10a. Stete 10b. County	10	c. City, Town or Lo	cation				10d. inside City L	
r 28a-f show	D.C.	7	Washing	ton				1X Yes 2	
or 284	10e. Street end Number			10f. Zlp Code			10g. Citizen of	Whet Country?	
th wit	5055 1st Stree	t N.W.		20011			USA		
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permit. Pages 1 and 2 Department of Health a Important: if item 27 is any injury or other tra and injury or other tra	20e. Method of Disposition 1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Specif	JRemovel from Stele		ostilon (Name of metory or other place) od Cemet	21	Dete 6-24 T		ton, DC	
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ficate be executed physician and is the burial-transit edical Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events								
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tha de ched	Pert II. Other significant conditions of		10000	ntributs to the cause of d					
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P S S S						24e. We per	s en eutopsy formed?	24b. Were eutopsy finding available prior to completion of ceus of deeth?	
cate he						1□	Yes 2 10	1 ☐ Yes 2 ☐ No	
s cartificate director, pag	25. Wes case referred to medical examiner?	(Anna Mala		l ou		ath (Check only	one)		
T Sign	1 ☐ Yes 1 ☐ No	Hospital:	2 ER/Outpetier	IL SEL DON		T	sidence 8 Oth		
tal or Attending P rs after death. al Director: After t led in by the funare Certification:	27. Menner of Deeth 1 Neturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not b		ar) 28b. Time of Injury	Wo	ryat rk? IYes 2 □ No		how injury occur		
tal or Attending attack at Director: A led in by the field in by the field to the field attack attack attack attack.	4 Homicide determined	28e. Place of Injury - building, etc. (S	At home, ferm, str pecify)	eet, fectory, office		28f. Location City or To	(Street and Numb own, Stete)	ber or Rural Route Number,	
or the hospiral for Attending within 24 hours after death. To the Funeral Director: After completely filled in by the funeral Medical Certification	29e. Certifier 1 Certifying Ph (Check only one) 2 Medicat Exam	ysician: To the best of my niner: On the basis of exa end menner steted.	/ knowledge, death minetion end/or in	vestigetion, in my o	opinion, deeth occ	e, end due to the urred et the time	e cause(s) end mo , date end plece,	enner as steted. end due to the ceuse(s)	
withi To the	29b. Signeture and title of certifier	eho	my hu	29c. Licens		4		18, 1996	
	30. Name end address of person who	completed cause of deeth		Print) Dr	#401.	Rock	VILLE 1	18, 1996 Mp 20852	
State	31. Dete filed (Month, Dey, Year)	32. Registrar's	Water the same	-	, , ,				

THE RESIDENCE CONTRACTOR OF THE PARTY OF THE

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** June 19, 1996 5:18 p.m. Dowling Boy1e /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Washington Adventist Hospital Takoma Park Montgomery If Undar 24 Hrs. Hours Min. if Undar 1 Yaar 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** Days 1 □ M 2 🖾 F 74 Yrs 185-14-3539 Director April 13,1922 Pennsylvania Usual Rasidanca of Decedant permit. Pages 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Health and Mental Hygiene. Illimportant: if item 27 is marked other than "natural", or items 23s or 28s-1 show any injury or other traumatic event, to Medical Examinar must be mailtimed once. 10a. Stata 10b. County 10c. City, Town or Location 10d. inside City Limits 1X Yas 2 □ No Director MD Prince George's Hyattsville 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 5805 42nd Avenue. #216 20781 U.S.A. Funerai 11. Marifal Status 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No ģ Specify: 3 ☐ Widowad 4 ☑ Divorcad White Completed 16a. Dacedant's Usuai Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Federal Government Administrative Assistant 17. Fathar's Nama (First, Middia, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be Patrick Boy1e Brigid McArdle 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Maureen Dowling / Daughter 1720 Belt Street, Baltimore, Maryland 21230 20b. Place of Disposition (Nama of camatary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 X Bunal 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Fort Lincoln Cemetery 6/21/1996 Brentwood, Maryland 21. Signatura of Funarai Sarvice Licensaa 22. Nama and Addrass of Facility Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, MD 20781 plications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory one cause on each line. 23a. Part1. Enter the disease, or comp shock, or heart feilure. List only of Approximata Interval Between **Physician** Immediate Cause (Final disaasa or condition rasulting in death) /Medical Examiner as a consequence of): Examiner or Attending Physician: The law requires that the death certificate be executed Sequantially list conditions, if any, leading to immadiata causa. Enter Underlying Causa (Diseasa or Injury that initiated avants rasulting in death) Last buriel-tren e to (or as a consequence of) Box 68760. physician Physician/Medical the Due to (or as a consequence of USB Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? P.O. the the yd bengis 1 Yee 2 No 3 Probably 4 Unknown Division of Vital Records, Completed by should be 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? peen this certificete hes 1 ☐ Yas 2 ☐ NO 1 ☐ Yas 2 ☐ No director, 25. Wes casa rafarred to medical examiner? Be 26. Placa of Death (Chack only ona) Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Certification: To 1 Yes 2 No 1 Inpatiant 2 □ ER/Outpatient 3 □ DOA funeral 28a. Data of injury (Month, Day Year) 27. Mennar of Death 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury et Work? After 5 Panding Invastigation 1 Natural 1 □ Yas 2 □ No death. 2 Accidant ofter deatl 6 Could not ba datamined 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) filled in by 4 Homicide To the Hospital within 24 hours e To the Funeral D 12 Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Cartifiar (Check only one) 29b. Signature and title of certifia 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nama and address of person who completed cause of death (Item 23e) (Type, Print) TAKOMA PARK E 31. Data filad (Month, Day, Year) State **JUN 26**

DHMH 16 Rev 6/95

Registrar

Water and the state of

9 09 90

DIRECTOR

FUNERAL

BY

COMPLETED

BE

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

ETED

COMPL

BE

2

31. DATE FILED (Month, Day, Year)

JUL -3 1996

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH July 1, 1996 YEAR Mary Emily Dudczak 12:30 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. OATE OF BIRTH (Month, Day, Year) B. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 577-24-0355 1 M 2 F 74 Avenue, MD 9a. FACILITY NAME (If not institution, give street and number 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St. Mary's Nursing Center Leonardtown St. Mary's RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY St. Mary's Coltons Point 1 YES XX NO 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? P.O. Box 4 Waterloo Rd. 20626 U.S.A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 X Married If yea, specify Cuben, Maxican, Puarto Rican, etc.) IF YES, GIVE WAR OR DATES 1 YES & NO Specify: Specify: 3 Widowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 12 owner/manager Bish Thompson Restaurant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Frank Lawrence Grace Thompson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joseph M. Dudczak P.O. Box 4 Waterloo Rd., Coltons Point, MD 20626 20a. METHOD OF DISPOSITION

1X Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) METHOD OF DISPOSITION 20c. LOCATION — City or Town, Stets 20b. PLACE AND DATE OF DISPOSITION / Name of DATE Leonardtown, MD Charles Memorial Gardens 7/3/96 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral Home, P.A. lardiner uchael P.O. Box 270, Leonardtown, Maryland 20650 23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate ahock, or heart failure. List only one cause on sech lins. Interval Batween Onset and Death IMMEDIATE CAUSE (Final diseese or condition METASTATIE C
DUE TO (OR AS A CONSEQUENCE OF): ONARIAN CAUCER VRS reauiting in death) Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente reaulting in daeth) LAST PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TYES 2 THO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO INCERTAIN I 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:

Nursing Home 5 Residence 6 Other (Specify) 1 | Input on 2 | ER/Output ant 3 | DOA 28b. TIME OF INJURY 26a. DATE OF INJURY (Month, Day, Year) 27, MANNER OF DEATH 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural Accident 5 Pending M 1 YES 2 NO Investigation 26e. PLACE OF INJURY — At home, larm, street, lactory, offica building, etc. (Specify) 26I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide determined 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and manner as stated. 196. SIGNATURE AND TITLE OF CHATIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 14285 durup om 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) William D. Boyd, II, M.D. Leonardtown, MD 20650

32 REGISTRAR'S SIGNATURE

Julia Davidson Randall

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

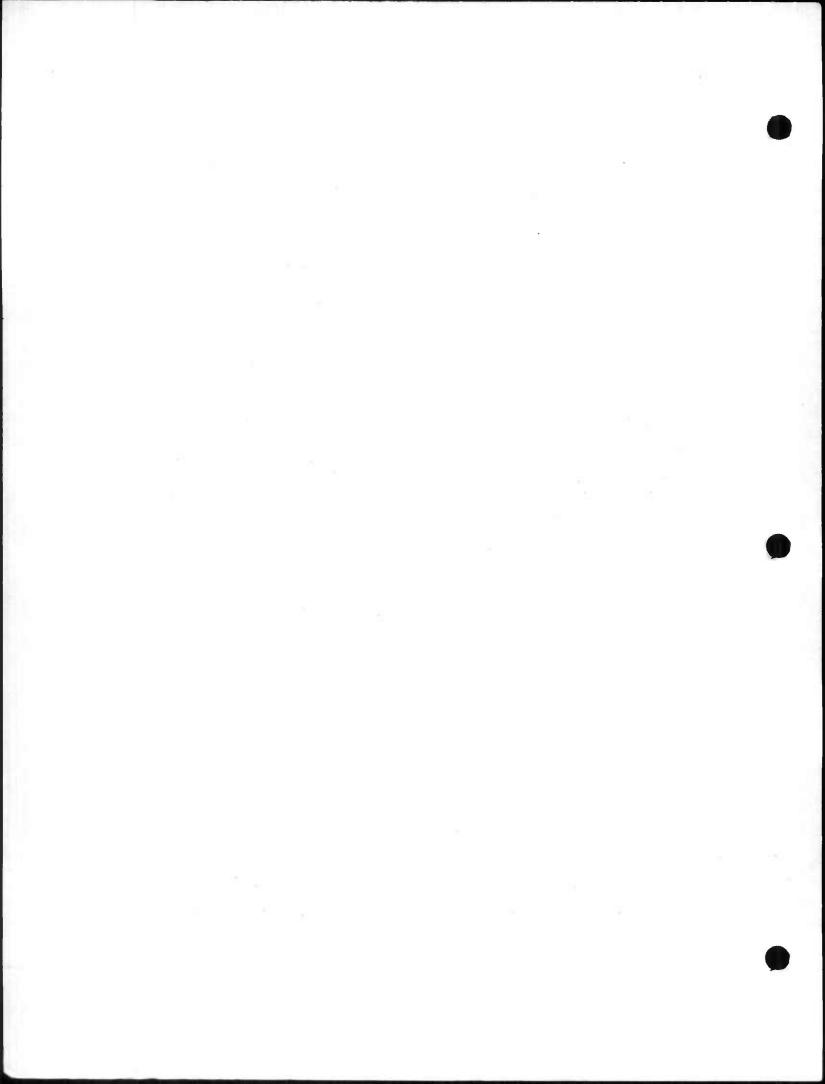
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTI	FICATE C	F DEATH	REG. NO					
,	DECEDENT'S NAME (First, Middle, Last) Mary	Charlotte		Evans			1996	3. TIME OF DEATN 8:45 P M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday		R IF UNDER 24 HRS.	7. DATE OF BIRTN		8. BIRTNPLACE (State or Foreign			
	220-38-6060	1 🗆 M 2 🗀 🗗	59 YRS.	MONTHS DA	S HOURS MIN.	Jan 7, 19	937	Country) Maryland			
	9e. FACILITY NAME (If not institution, give s			9b. CITY, TO	N OR LOCATION OF D			NTY OF DEATN			
E I	Chaptico	Helen Road		Char	otico		St	t. Mary's			
5	RESIDENCE OF DECEDENT										
DIRECTOR	10e. STATE 10b. COUNTY			TY, TOWN OR LO				10d. INSIDE CITY LIMITS?			
		Mary's		Chaptic				1 TYES 2 NO			
¥	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITI	IZEN OF WHAT COUNTRY?			
崽	P.O. Box 63				20621			.S.A.			
5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EN			DECENDENT OF NISPA , specify Cuben, Mexico	NIC ORIGIN? (Specify Ye an, Puerto Rican, etc.)	e or No—	14. RACE — American Indian, Black, While, etc.			
BY FUNERAL	3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 🗆	YES 2 X NO Specif	fy:		Specify: White			
	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of life. Do NOT	f work done during use retired.)	most of working						
립	, , , , , , , , , , , , , , , , , , , ,	2 years	Home	emaker		Own	Home				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maider	Sumeme)				
BE (Francis	Ba	ynard	Gough	Nelli	e Ros	alie	Farr			
10 8	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		p Code)			
F	Clarence M. Evan	S	P.0	Box (3, Chapti	.co, MD 20	0621				
	20s. METNOD OF DISPOSITION 1 15 Burlet 2 Cremation 3 Rem	oval from State	20b. PLACE AND DAT cemetery, cremetory of	r other place)		1		City or Town, State			
	4 Donetion 5 Other (Specify)		Oueen of	Peace (Cemetery 6	5/26/96	Heler	n, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	•	Mat.	e and appress of fa lingley-Ga	rdiner Fur	eral	Home, P.A.			
	Michael	Darden	ev			Leonardto					
	23. PART Enter the diseases, or shock, or haert failure.	complications that ca List only one cause	sused the deeth. Do	not enter the	mode of dyling, suc	ch as cardled or resp	Hratory sn	Test, Approximats Interval Batween			
	IMMEDIATE CAUSE (Final							Onset and Death			
disease or condition a. CARDIO RESPIRATORY FATLURS DUE TO (OR AS A CONSEQUENCE OF:								1 HONR			
		. /						11.1			
CERTIFICATION	Sequentially list conditions,	If any, leading to immediate									
Ä	cause. Enter UNDERLYING	· CLEAR CO						4 MONTHS			
ビ	CAUSE (Diseese or Injury that Initiated evente		AS A CONSEQUENCE		14 01.17]						
듄	reaulting in daeth) LAST	d									
	PART II. Other algnificent condition	ne contributing to de	ath but not regultin	a la the under	Wine course object to	Part I. 24a, WAS A	ALITORCY	24b. WERE AUTOPSY FINDINGS			
DICAL	TAIT II. Other again control		etti but not teedimi	g in the under	ying cedae given ii	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
						1 YES	2 NO	OF DEATH?			
ME	DID TOBACCO USE CONT	DIDLITE TO CALL	CE OF DEATH	VEC TO NO	THE LINICEDTAL	N D		1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL	I CAU	26. PLACE OF DE								
[I	EXAMINER? 1 YES 2 PNO	HOSPITAL:		OTHER:		Paris and					
PHYSICIAN:	27. MANNED OF DEATN	28a. DATE OF IN.	R/Outpatient 3 DOA		Nome 5 Residence	28d. DESCRIBE NOW	INJURY OC	CURED			
1 1	1 Natural 5 Pending	(Month, Day,		NJURY	WORK? YES 2 NO						
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF II	NJURY — At home, farm	n, atreet, fectory,	office			er or Rural Route Number,			
TED	4 Nomicide determined	building, etc	. (Specify)			City or Town, State)				
삗	290. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the beet of my	knowledge death occi	urrad at the time	dete and place, and du	a to the course(s) and m	oner en etc	eted			
COMPLET	onel							the ceuse(e) and menner se stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIE		1		29c. LICENSE NU			TE SIGNED (Month, Day, Year)			
BE	1111 111	ulford in			1 ATTO	147		14 JUNE 1996			
욘	30. NAME AND ADDRESS OF PERSON WI		OF DEATN (ITEM 27) (7)	rpe, Print)	14/10/1	1/	10	. VUNC ///2			
	William C. Mulf				Leonardto	own, Maryla	and 2	20650			
	31. DATE FILED (Month, Day, Year)	32 HEGISTBAR'S	SIGNATURE	<u>-</u>							
	JUN 25 1996	galia dans	www.Nardall								



State of Maryland / Department of Health and Mental Hygiene 96 20708

						Cert	ificate of	Death		Reg. No.	0 2010	0	
	Physic	ian	1. Decedent'a Name (First, Middla, La	-1 1 1			111		2. Date of De Month	eath Day	3. Time of D		
	/Medi	cal	Gladys E. F	10.01	-		1	ah Oh. Taua	July	,03,	1996 11:3	o pm	
	Exami	ner	4a. Facility Nama (If not institution, git Surburban Hospita					Bethse		Monto	gomery		
	Funeral Director		218-34-5094	Sex 7. Age 1□ M 2区XF	(In yrs. last bit	Yrs.	If Under 1 Year Months Days		lin. December	th Year), 190	9. Birthplace (State or 5 Washingto	Foreign n, I	
	Marylend -f show	tor	Usual Residence of Decedant 10a. Stata 10b. County Maryland Montogor	nery	10c. City, Tow Bethse		ation				10d. Inside City		
	h with the 3a or 28a	al Director	8203 Mooreland La	ane			10f. Zip Code 20817			10g. Citizan of U.S.	What Country?		
020	a 1 and 2 should be filled within 72 hours effer death with the Maryland Health and Mental Hyglene. The marked other than "natural", or ferms 28a or 28a-f show other traumatic event, the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	12. Was Decedant E Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Giva Year or Dates:	var In U,S.		as Decedent of Yas, specify Cub		(Specify Yas or No lerto Rican, etc.)	14. Ra Ble Specil	ce - Amarican Indian, lock, White, etc. fy: White		
5-0	72 ho natur	Completed	15. Decedent's E (Specify only highest gr	ducation ada completed)	16a	. Decede	nt's Usual Occu	pation duning most of	working	16b. Kind of E	Business/Industry		
121	within ene.	mpl	Elementery/Secondery (0-12) Unknown	College (1-4or 5-	')		ONOT use retire Executiv			,	Bank		
and 2	d be filed within antal Hyglene.	Be	17. Father's Name (First, Middle, Last Eugene Locke Eby)	Di	ATTIC I	Diccuoi		Name (First, Middle Bane				
Maryland 21215-0020	re, Marylanc	To	19a. Informant's Name/Relationship (Peyton B. Fletche)	•					Rural Routa Numb		, Stete, Zip Code) e; MD 20815		
Baltimore,	0 = 5		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special		cemete	ry, crema	tion (Name of atory or other ple Cemete:	nce) Y	7/06/96		- City or Town, State Town, WV		
Balti	pemit. Pa Departmen Important: any injury stice.		21. Signature of Funeral Service Lice	O I	0	Me1 P.0	Name and Addr Vin T. Box 3	Strider 88, Cha	Co. rles Town	, WV 25	414		
	Physician /Medical Examiner		23a. Part 1. Enter the diseasa, or conshock, or heart failure. List only Immediate Causa (Final diseasa or condition resulting in death)	a Ischen	Due to (or as e	enter	the mode of dy	ing, such as care		rrest,	Approximate Interval Between		
Box 68760,		Physician/Medical Examiner	Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in death) Last b. Athers derotic Heart Valence. Due to (or as a consequence of): c								10 y en	51	
	e deeth cert the ettendin hed for use	sicia	Part II. Other significant conditions of	contributing to death but	not rasulting I	In tha und	leriying cause gi	ven in Part I.	23b. Did	23b. Did tobacco use contribute to the cause of death?			
P.0	uires thet the der signed by the e		Hypertensin						10	1 Yes 2 No 3 Probably 4 Unknown			
of Vital Records,	per /	Completed by	Hypertensin Probable Aspia	stion pri	uemm	iA				an autopsy ormed?	24b. Were eutopsy fin available prior to completion of car of death?	-	
Ä		Com		•					10	Yas 2 No	1□Yes 2□A	ło	
<u> </u>	Physician: The this certificate ral director, pag	Be	25. Was case referred to medical exsminer?	Hospital:			0		Death (Check only	one)			
ō	this aldi	- To	1 ☐ Yes 2 ☐ H0 27. Menner of Death	Hospital:		utpatient Time of	3LI DOA		g Home 5 Res	dence 6 Oti			
Division	tending leath. for: After the fune	Certification:	1 ☐Natural 5 ☐ Pending 2 ☐ Accident invastigatio 3 ☐ Sulcide 6 ☐ Could not b	e Ope Diego of Inius		Injury		rk?]Yes 2□No			ber or Rural Routa Numbe	or	
<u>≥</u>	944	Certif	4 ☐ Homicide determined	building, atc.	(Specify)	attii, atiee	n, raciory, omce			wn, Stete)		<i>u</i> ,	
	To the Hospital or Att within 24 hours efter of To the Funeral Direct completely filled in by	edical (29a. Certifier 1☐ Certifying Pt (Check only one)	nysician: To the best of niner: On the basis of a and mannar state	examination an	e, death o	occurred at the ti stigation, in my	me, date and ple opinion, death o	ace, end due to the ccurred at the time,	cause(s) and m date and place,	enner es steted. and due to tha cause(s)		
	To the To the Comp	M	29b. Signature and title of Cartifier				29c. Licen	se number		29d. Date signe	ed (Month, Day, Year)		
				amo			1 032	Celo		7-4-91	6		
			30. Name and address of person who	completed cause of de	eth (Item 23a)	1	rint)	th ask	1 MARY!	M.44 A	00 215		
	Sta	ite	31. Date filed (Month, Day, Year)	32. Registrar	1/E/US d	DRIU	e , 5e	in wall	1 MBBG1	PN A	X0817		
	Registi	-	JUL 0 9	32. Registrar	Olumber	Kards	Ц		-				

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

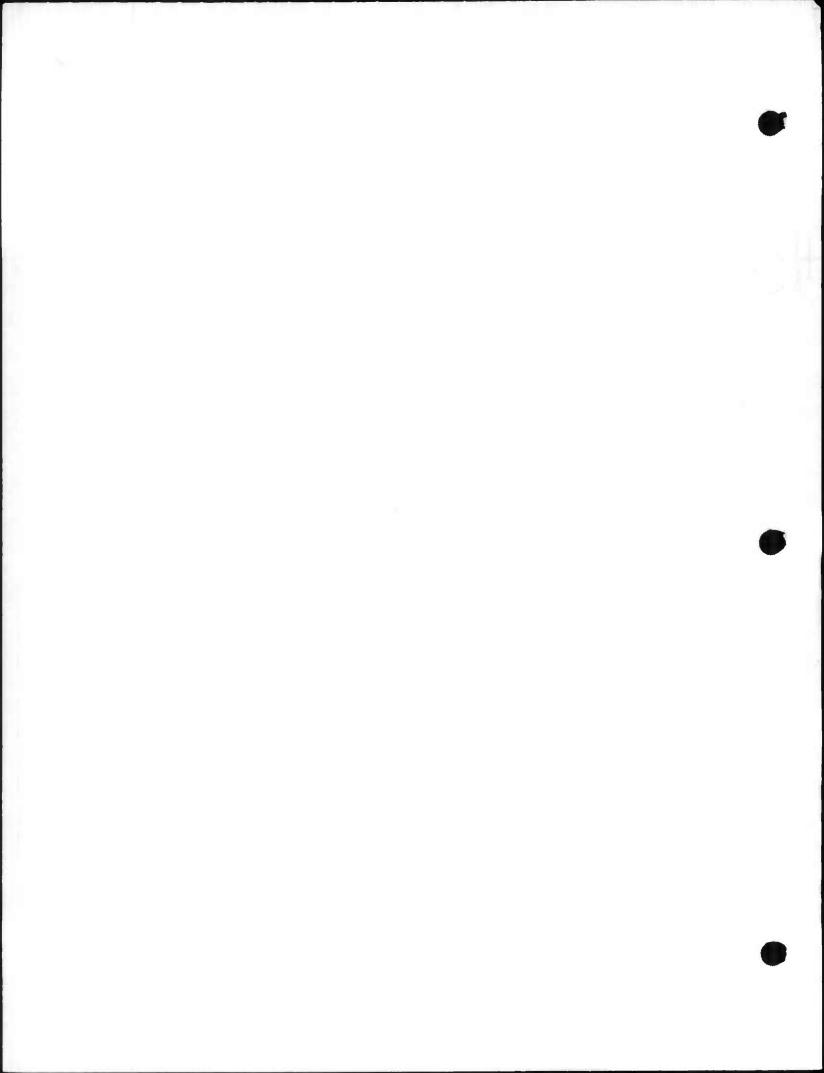
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	Darlene Suzanne	Frazier				June 26,	1006 YEA	10:20 A. M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2 DATE OF DISCH	1 1 1 1 1				
	213-72-7135		38 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) June 22.	958 Ba	country) Itimore, MD			
	9a. FACILITY NAME (If not institution, give s			9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY O				
Œ	21365 Lynn Drive										
DIRECTOR	RESIDENCE OF DECEDENT			rextuge	on Park		St.	Mary's			
<u> </u>	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.										
뜻	Maryland St.	Mary's	Т.	exington	Park			LIMITS?			
	10e. STREET AND NUMBER				. ZIP CODE		T	1 TES 2 NO			
FUNERAL				10				OF WHAT COUNTRY?			
빌	21365 Lynn Drive				20653			d States			
모	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DEC	ENDENT OF NISPAN	IIC ORIGIN? (Specify Yes	or No- 14. R	ACE — American Indian, llack, Whita, etc.			
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I			2 NO Specify			pecify:			
		<u> </u>						White			
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of)	USUAL OCCUPATION WORK done during motion to retired.)	ON of working	16b. KIND OF BUS	SINESS/INDUSTR	Υ			
l W	Elementary/Secondary (0-12)	College (1-4 or 5+)			•						
8	11		Wait	ress		Restar	urant				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Malden	Surname)				
ш	Charles Frederick Frazier Joyce Elizabeth Heatwole										
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Poute Number, City or Town					
2	Charles Frederic	k Frazier, J									
	20a, METNOD OF DISPOSITION	20	b. PLACE AND DATE			DATE 20c. LO					
	1 Donation 5 Other (Specify)	ovel from State	metery, cremetern or of	ther place)		1					
	21. SIGNATURE OF JUNERAL SHIPPING	(maps)	rroportuan		D ADDRESS OF FA		xandria	, Virginia			
	Jakkel IV.	bonk	X)			uneral Hom	e. P.A.				
	Edward N. Br	insfield, Jr	. M0005	v 1		, Leonardt	•				
	23. PART I. Enter the diseases, Dr	complications that ceuse	d the deeth. Do n	ot enter the mo	de of dying, auci	h as cerdiec or reepi	ratory arrest	Approximate			
	shock, or heert fellure.	List only Dne ceuse Dn	eech line.		~	_	Carlotte and the control	Interval Between			
	IMMEDIATE CAUSE (Final disease or condition	/1		and the same and the	-1-1	1		Onset and Death			
resulting in death) a DUE TO TOR AS A CONSEQUENCE OF											
		11100									
CERTIFICATION	Sequentially liet conditions,	D	A CONSEQUENCE OF	1 0	orvo			7/25			
₩	if any, leading to immediate cause. Enter UNDERLYING	DOE TO JOH AS	A CONSCIONNE OF	36.							
ᄓ	CAUSE (Disease or Injury	E. DUE TO (DO AS	A CONSEQUENCE OF								
Ē	that initiated events resulting in death) LAST	DOE TO JUST HE	A COMSEGUENCE OF	96				i I			
崩惧		d									
7	PART II. Other significent condition	s contributing to deeth i	but not reculting i	n the underiving	ceuse given in	Part I. 24e, WAS AN	AUTOPSV I	24b. WERE AUTOPSY FINDINGS			
EDICAL			_	,		PERFOR		AMAILABLE PRIOR TO			
<u> </u>						1 TYES 2	NO	OF DEATH?			
Σ						_		1 TYES 2 NO			
ž	DID TOBACCO USE CONT	RIBUTE TO CAUSE C	OF DEATH YE	S NO C	UNCERTAIN	1 🗆		11/1-			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT								
S	1 VES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA	OTHER: 4 Nursing Hom	5 Kealdence	6 Other (Specify)					
£	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	26b. T(M	E OF 28c. INJ	URY AT	26d. DESCRIBE HOW II	JURY OCCURED				
BY F	1 Natural 5 Pending Investigation	(Month, Day, Iear)	183		RK? /ES 2 NO						
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	/ — At home, farm, s	treet, factory, offic		28f. LOCATION (Street a	nd Number or Rus	ral Bouta Number			
ED	4 Homicide determined	building, etc. (Spe	cffy)			City or Town, State)	TIG TTGTTES OF TIGE	er route Hamber,			
COMPLET	29a. CERTIFIER										
₽ I	(Check only 1 (Z) CEHILETING PRYSI	CIAN: To the best of my know	rledga, death occurre	d at the time, data	and place, and due	to the cause(a) and man	ner as stated.				
ō I	2 MEDICA EXAMINE	P: On the typic of eneminatic	on and/or investigation	n, in my opinion, d	eath occured at the	time, date and place, and	dua to the caus	se(e) and manner ea stated.			
BE (296. SIGNATURE AND TITLE OF CERTIFIER	1/1/	. /	IN	29c. LICENSE NUM	IBER /	29d. DATE ŞIGN	IED (Month, Day, Year)			
	Fal	-X XA	NITE	AL	1) 06	54-19	1 6-	727-9/			
2	30. NAME AND ADDRESS OF VERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type)	Print)	- 00		-	0116			
	J. Patrick Jarbo	e. M.D.//	Leor		, Maryla	nd 20650					
	31. DATE FILED (Morgh, Day Year)	32 REGISTRAR'S SIGN	ATME # #	.a. acowii	, maryial	114 ZU03U					
	JUN 27 1996	July Wholeson	rivarous								
- 4	0011 21 1000	A									



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Day Month **Physician** Yaar LEE BRYAN FREDERICK June 25, 1996 1:15 am /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 6905 Hawthorne Street Landover Prince George's 5. Social Security Number If Undar 1 Yaar If Undar 24 Hrs. Hours Min. 7. Aga (In yrs. last birthday) Birthplace (Stata or Foraign Country) **Funeral** 8. Data of Birth (Month, Day, Year) Months Days Hours 1 ₺ M 2 □ F Yrs. 424-32-6637 Director 66 Aug. 12, 1929 Alabama Usual Rasidanca of Decedant death with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or Items 23s or 28s-f show the Medical Examiner must be notified at Director MD 1 X Yas 2 □ No Prince George's Landover 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 6905 Hawthorne Street 20785 U.S.A. 12. Was Dacedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Baca - Amarican Indian 11 Maritai Status Black, Whita, atc. filed within 72 hours efter 1 Navar Marriad 2 Married 1 X Yas 2 No Saltimore, Maryland 21215-0020 1 ☐ Yas 2 🖾 No Specify: Specify: White À 3 ☐ Widowed 4 ☐ Divorced Yaar or Datas: 1948-51 Completed 15. Decedant's Education (Specify only highast grada completed) Decedant's Usual Occupation
 (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry el Hygiene. Elamantary/Secondary (0-12) Collaga (1-4or 5+) 12 Sport Chevrolet Driver traumetic event. 17. Fathar's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Surnama) Be Pages 1 and 2 should be 1 tent of Health end Mentei I nt: If item 27 is merked of Hugh Frederick Margaret Nash 19a. informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Barbara Frederick (Wife) 6905 Hawthorne Street, Landover, Maryland 20785 other 1 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 6 1 ☐ Buriai 2 X Cramation 3 ☐ Ramoval from Stata permit. Page Department of Important: If any injury or 4 ☐ Donation 5 ☐ Othar (Specify) Metropolitan Crematory 06/29/96 | Alexandria, Virginia 22. Name and Addrass of Facility
Francis Gasch's Sons Funeral Home, P.A. 21. Signature of Funeral Service Licensee 4739 Baltimore Avenue, Hyattsville, MD 20781 23a. Part1. Entar tha diseasa, or com shock, or haart failure. List only tassi brasky Demot antar the mode of dying, such as cerdiac or respiratory arrest, Approximata Interval Batween Onset and Death **Physician** /Medical Immadiata Causa (Final disaasa or condition rasulting in daath) Examiner sician end buriel-trensit certificate be executed Sequantially list conditions, if any, leading to immadiata causa. Entar Undarfying Cause (Disease or Injury that Initiated evants rasulting in daath) Last Dua to (or as a consequence of): P.O. Box 68760. physician s the buriel Physician/Medical Dua to (or as a consequence of): 88 the attending ō Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? detached signed by I 200 No 1 TYes 3 Probably 4 Unknown Records, by cate has been sig, page 2 should b 24b. Wara autopsy findings available prior to Completed 24a. Was en eutopsy performed? completion of ceusa of death? certificate has 1 ☐ Yas 1 □ Yas 2 □ No Division of Vital 25. Was casa rafarred to medical axaminar? Be 28. Place of Death (Check only ona) 1 ☐ Yas 2 D 27. Mannar of Deeth Othar: 4 Nursing Homa 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Rasidance 8 Other (Specify) After this funeral 28c. Injury at Work? Hospital or Attending Pi 124 hours after deeth.
 Funeral Director: After the Certification: 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred 5 Panding invastigation Natural Accident 1 ☐ Yas 2 ☐ No filled in by the 3 Suicida 8 Could not be 28f. Location (Streat and Number or Rural Routa Number, City or Town, State) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicida To the Hospital Certifying Physician: To the best of my knowledga, daeth occurred at the time, dete end place, end dua to tha causa(s) and mannar as stated.

Medical Examiner: On tha basis of examination and/or invastigetion, in my opinion, daath occurred at tha time, data and place, and dua to tha causa(s) and mannar stated. Medical 29a. Certifier 29b. Signat 29c. Licansa number 29d, Date signed Morth, Day, Year) 30. Name and adds th (itam 23a) (Type, Print) 7525 Greenway Drive #215, Greenbelt, MD 20770 31. Data filed (Mo Registrar's Signatur

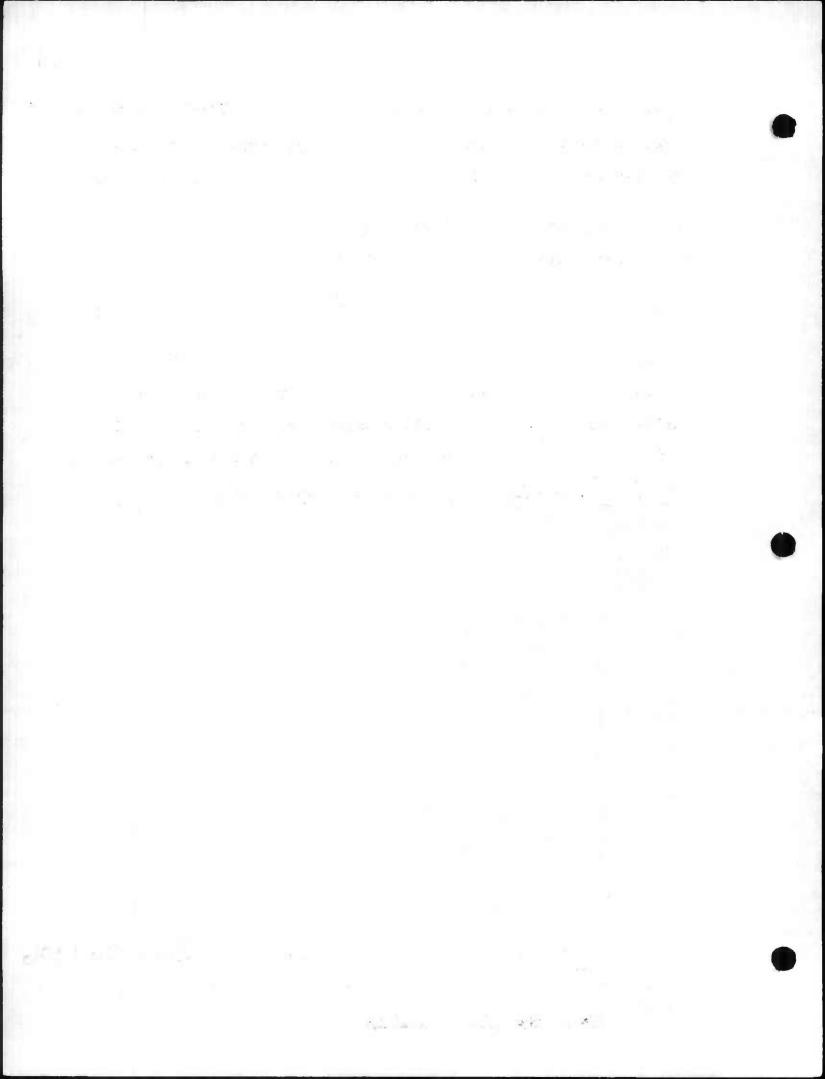
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O.C.

				State of W	iaiyiaii		rtificate of	Death	vientai riy	Reg. No.	0 (20/11
	Dhusisi		Decedent's Name (First, Middle	a, Last)				,	2. Data of De	Day	Year	3. Time of Death
	Physici /Medi		Michael	Lawrence		Forg	acs		JU		96	14:35
	Examir		4a. Facility Name (If not institution	n, give street end number)			4b. City, Town, or L	ocation of Deat	h 4c. County	of Death	
			Washington	County Ho	spita	al		Hagerst	own	Washi	ngt	on
	Funeral		5. Social Sacurity Number	6. Sax 7. A	ga (In yrs. I	ast birthdey	if Under 1 Yaar Months Days	if Undar 24 Hrs.	8. Data of Bir (Month, De	th V Year)	9. Birthp	placa (Stata or Foreign
	Director		176-12-9125	1 M 2□ F	7.5	Yrs.	Inontris Days	TIOUIS IVIII.	Mar. 1	3,1921	Pa	
	D .		Usual Residence of Decedent 10a. Stata 10b. County		10- 04	/, Town or L				, , , , , ,		
	aryle show		Tou. State Tob. County		Too. City	, TOWN OF L	ocation				1	0d. inside City Limits
	Ne M	Director	Pa. Alleg	heny	rgh					1 ☐ Yes 2 ☐ No		
	igh y	급	10e. Street and Number				10f. Zip Code			10g. Citizen of W	hat Coun	ntry?
	hours after death with the Maryland urel; or items 23a or 28a-f show all Examiner must be multiled at	Funeral	11408 Azalea				15235			U.S.A.		
11. Marital Status 12. Was Decedent Ever in U,S. 13. Was Decede if Yas, spacif							Was Decedent of I If Yas, spacify Cub	Hispanic Origin? (Sp pan, Maxican, Puerto	pecify Yas or No Rican, etc.)	Hace Black	- Americ k, White,	ean Indian, etc.
20	or I	by F	1 Never Married 2 Marr	If Voc Giver	No		1□ Yas 2□No	Specify:		Specify:		
8	hour ure!		3 Widowed 4 □ Divorced			12112	7121				Whi	
15	nat edici	Completed	15. Deceden (Specify only higher	it's Education st grade completed)		16a. Dece	dent's Usuai Occup	pation during most of world ad)	king	16b. Kind of Bu	siness/Inc	dustry
12	within ane.	E	Elementary/Secondary (0-12)	College (1-4or	5+)	me.	DO NOT use retire	(0)		U.S.St	201	
7	filed withil Hyglane. other than	ပိ	17. Father'a Nama (First, Middle,	I ast)		Cra	neman_	18. Mother's Nam	a (First Middle			
an	should be and Mentel I is marked of umatic eve	Be		· ·								
2	12 should be n and Mentel is marked c raumatic ev	2	Michael 19a. Informant's Name/Relations		orga		ing Addross /Stras	Mary t end Number or Rui		erfekov		Ondo
∑			Phillip D.For									
o,	Heelth Bern 27 i		20e. Method of Disposition	gacs	20b. P	ace of Disp	O AZALE	a Dr.Pit	Data	20c. Location		
0	nt of H H		NO Burial 2 ☐ Cramation		Tof	emetery, cre	osition (Neme of metory or other ple	Dle 4	1.00			
Baltimore, Maryland 21215-0020	rtme rtant		4 Donation 5 Other (S		361			1	3/49	Pittsbu	rgn	,ra.
Ba	permit. Pages 1 and 2 Department of Heelth i Important: If item 27 is eny injury or other tre once.		21. Signature of Furreral Service			. R11	2. Nama and Addre	ada Carr	71000			
			Litred (rugl, i	mer	10	37 Dual	Pl. Had	vices	wn Md	2174	40
			23a. Part1. Enter the disease, or shock, or heart failure. List	complications that cause only one cause on each i	d the death line.	. Do not an	ter the mode of dyi	ing, such as cardiac	or raspiratory a	rrest,		Approximate Intarval Between
1	Physician / /Medical										1	Onset and Death
Timedical Immediate Cause (Final disease or condition resulting in death) a. Molti-system Condition a. Due to (or as a consequence)						Organ	Fills	-		1	weeks	
t.		-	1000king in Godiny		Due to (or						1	4
B = E							Sepons				wieks	
	and al-trar	Examiner	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Diseasa or Injury		-	as a conse						
9	ficate be executed physicien and is the burial-transit		cause. Entar Underlying Cause (Diseasa or Injury that initiated events	c. Re	peake		Preumon	14				weeks-mall
68760,		edicai	resulting in death) Last		VV 81 1.0	as a consec				. \		
×	certif ding sse e			d. Seu	u-e	Da	الساء.	Jun 1	Copyta	uctive)	3	-4 months
Box	etter for u	clar									1	
P.O.	the d	Physician/M	Part II. Other significant condition									the cause of death?
ص	that ed by deta		Aute d	holegshta	0 , 6	clah	ن و ده	omna duc	.} ¹0X	Yes 2□ No	3 Prot	bably 4 Unknown
Division of Vital Records,	v requires that the deeth certif been signed by the ettending should be detached for use e	d by		•						an autopsy	24h W	ere autopsy findings
ò	redu	Completed	Stones	chanic	oh	struct	we pol	money d	Sense perfo	med?	COL	ailable prior to impletion of causa
Rec		dm									of o	death?
a	icata r, pag								10	Yes 2 No	1 🗆	Yes 2 No
Z	iclan certif recto	Be	25. Was case referred to medical examiner?				Ott	26. Place of Deather:				
ō	this raidi	2	1 ☐ Yes 2 No 27. Manner of Death	1 inpati		ER/Outpatle 28b. Time o	IN JLI DOA	4 LI Nursing Ho		denca 8 Othe		y)
E C	After fune	5	1 Natural 5 ☐ Pendin		ay Year)	injury	Wo	rk? Yas 2 □ No	Zou. Describe	now injury occurre	9 G	
2	deatl deatl tor:	Certification:	2 Accident Invastig	not be 200 Place of in	June At ho	fo et		1145 2 1140	201 Location /	Streat and Number	or or Dura	I Pouts Number
<u>></u>	or A aftar Direction	E E	4 ☐ Homicide determ	building, e	tc. (Specify)	reet, factory, office		City or To	wn, State)	ii Oi riula	r House Wulliber,
	pital orai	-	29a. Certifier 1 Certifyin	a Physician. To the best	of my known	dodas dost	h nanumad at the til	mo dete and alexa			LIVE VIEW	
	Fun Fun etely	edicai		g Phyaician: To the best Examiner: On the basis o and manner st	of examinati	ion and/or in	vastigation, in my	opinion, death occur	red at tha time,	data and place, a	nd due to	the cause(s)
	To the Hospital or Attending Physician: The iew requires that the deeth certif within 24 hours afford ceath. Within 24 hours afford ceath. Whithin 24 hours afford ceath and ceatificate has been signed by the ettending completely filled in by the funeral director, page 2 should be detached for use a	Me	29b. Signature and titla of certifier				29c. Licens	se number	1	29d. Data signed	(Month	Dev. Year)
	⊬ ≩ F ŏ									T	1	1001
			- LL 17	-		\ -	- 1	138764		JUNE	<u></u>	0,1996
			JU. Name and address of person	who completed cause of c	death (Item	23a) (Type,	Print)	R A	c. +	100 11		to ma
			30. Name and address of person L - 1 - 1 31. Date filed (Month, Day, Year)	32 Regist	rar's Signet	nta .		what we)) , (L	11	aleas	Chi wea
	Sta Registr	ar	II IAI C	1000	1 . 4	, 0	~					



State of Maryland / Department of Health and Mental Hygiene

20712 Certificate of Death Amended # 8. P.G.C. 7-3-96 CR 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Yeer Willie Cleo Foster 8:30 PM 06 21 96 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 13126 10th Street Bowie Prince George's 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Dey, 7. Age (In vrs. last birthdev) Birthplace (Stete or Foreign Country) **Funeral** XXM 2 F Months Deys 250-20-8756 Yrs. Director 74 South Carolina Usuel Residence of Decedent with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show "natural", or items 23a or 28a-f show Director 1 TX Yes 2 □ No Maryland | Prince George's Bowie 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Counfry? 20715 13126 10th Street USA Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Bleck, White, etc. permit. Pegas 1 and 2 should be filed within 72 hours aftar to Department of Health and Mantal Hygiene. Important: If Itam 27 Is marked other than "natural", or Ite may Injury or other traumatic event, the Medical Examina once. 1 ☐ Yes 2 ☑ No If Yes, Give 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2X No Specify: **Black** by 3 Widowed 4 XDivorced Be Completed Decedent's Usual Occupetion
 (Give kind of work done during most of working life. DO NOT use retirad) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/industry Elementary/Sacondary (0-12) College (1-4or 5+) Minister Private 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Elzie Foster Rosetta Dawkins 0 19a. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, Stete, Zip Coda) Elzie Foster/Son 13126 10th Street, Bowie, MD 20715 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetary, cremetory or other piece) 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Crametion 3 ☐ emovel from State Lakeview Memorial Park 6/26/96 Greensboro, NC 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee 22. Nama end Address of Facility A. Percen J. B. Jenkins Funeral Home Nancy 7474 Landover Road, Landover, MD 20785 23e. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cerdiac or respiratory errest, shock, or haart feilure. List only one cause on each line. Approximete Intervel Between Onset and Deeth **Physician** ifferential od Carcinoma /Medical Immediete Ceuse (Fine! diseese or condition resulting In deeth) Examiner Physician/Medical Examiner The law requires that the daath certificeta be executed Sequentielly list conditions, if eny, leading to Immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initieted evants resulting in deeth) Lest and the burial-trer Due to (or es e consequence of): P.O. Box 68760, physiclan Due to (or es e consequence of): for use es Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 42 Unknown of Vital Records, þ 24b. Were eutopsy findings evellable prior to completion of cause of deeth? Completed 24a. Wes an eutopsy certificate has 2 X No 1 Yes 1 ☐ Yes 2 ☐ No Attanding Physician: Be 25. Wes cese referred to medical 26. Piece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 After this nours after death.

neral Director: After this
y filled in by the funeral di 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury ef Work? 28d. Describe how injury occurred Division 5 Panding Investigation Naturel 2 Accident 1 ☐ Yas 2 ☐ No 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide ò To the Hospital o within 24 hours af To the Funeral DI completely filled in Certifying Physician: To the bast of my knowledge, death occurred at the time, data and place, and due to the ceusa(s) and mannar as stated.

Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceusa(s) and manner stated. Medical 29e. Cartifian 29c. License number 29d. Date signed (Month, Dey, Yeer) ompleted ceuse of deeth (Item 23a) (Type, Print) Greenway CTR. DR. Greenbelt MD 20770 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State badwider

DHMH 16 Rev 6/95

Registrar

MA CALL THE CALL CALL

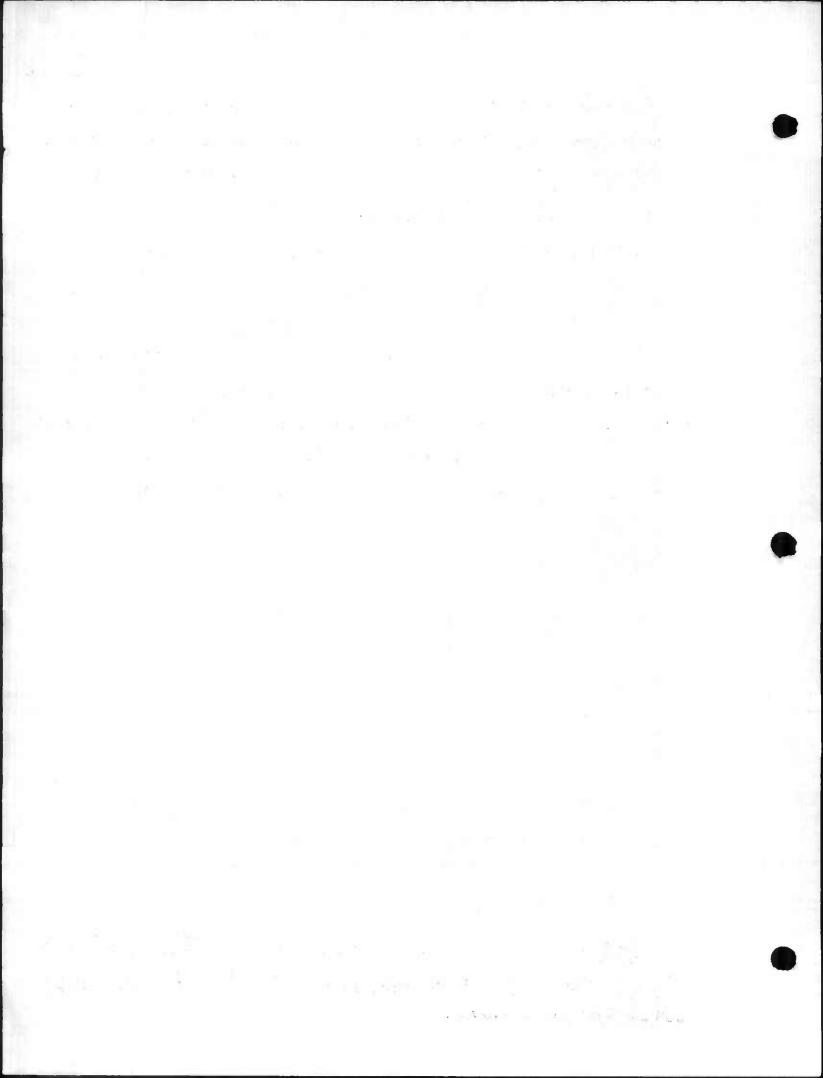
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Deeth 2. Dete of Deeth Month Year **Physician** 12:45p.M RICHARD FURBUSH JUNZ 1996 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner NORTH ARUNDEL GLEN RUNNIE MOSPITAL ANNE ARUNDEL 8. Date of Birth (Month, Dey, Year) 5. Social Security Number If Under 1 Yeer If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplece (Stete or Foreign Country) **Funeral** 12 M 2□ F Deys Hours 84 Yrs. Director 186-07-0007 Virginia Usual Residence of Decedent 10e. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f show rthan "natural", or Itams 23a or 28a-f show the Medical Examiner must be notified at D.C N/A Washington 1⊠ Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? 1122 F Street, N.E. # 3 20002 U.S.A. Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2% No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indian, Bleck, White, etc. 11. Meritei Status 1 ☐ Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Black þ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry pernit. Pages 1 and 2 should be filed within: Department of Health and Mental Hygiene. Important: if liem 27 is marked other than "I any lijury or other traumatic event, the Med any filury or other traumatic event, the Med any Engles. Elementery/Secondery (0-12) Coilege (1-4or 5+) 6th Laborer Construction 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be Lewis Furbush Sarah Fields 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Delores E. Furbush-Wife 5023 Bass Pl., S.E., # 202, Wash., D.C. 20019 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other pieca) Dete 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetlon 3 ☐ Removel from Stete Glenwood Cem. 6/29/96 Wash., D.C. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Neme end Address of Fecility H.S.Washington & Sons, Inc. 4925 Burroughs Ave., N.E. × arry 20. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset and Death **Physician** /Medical Immediete Ceusa (Final . SEPSIS diseese or condition resulting in death) **Examiner** Due to (or es e consequence of): PNEUMONIA burial-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest pue Due to (or es e consequence of): Box 68760 physician Physician/Medical tha Due to (or es e consequenca of): ed by the e P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed l Records, þ 24b. Were eutopsy findings eveileble prior to completion of cause of death? should t 24e. Wes en eutopsy performed? Completed page 2 1 Yes 2 No 1□Yes 2☑No cartificata Division of Vital To the Hospital or Attanding Physician: within 24 hours after death. 25. Wes cese raterred to medicel Be 26. Piece of Deeth (Check only one) Hospitel: 1 Impatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) ٩ 1 Yes No 2 ER/Outpetient 3 DOA 27. Menyfer of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred Certification: After Neturel 5 Pending Investigation 1 Yes 2 No 2 Accident Director: / 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide within 24 hours aft To the Funaral Di complately filled in to Certifying Physician: To the best of my knowledge, daath occurred at tha time, date end piece, end due to the ceuse(s) end mannar es steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end piece, end due to the ceuse(s) end menner steted. Medical 29a. Certifier (Check only one) 29b. Signeture end title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) MD 30. Name end address of person who completed ceusa of deeth (Item 23e) (Type, Print) OKETUNO . 301 HXXIIAL 32. Registrar's Signeture 31. Dete filed (Month, Dey, Year) JUN 25 1996

DHMH 16 Rev 6/95

Registrar



O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201

JUNE 29, 1996

State Registrar Vennis

31. Dete filed (Month, Day, Year)

30. Nema and address of person who completed ceusa of death (Itam 23e) (Type, Print)

1996

32. Registra's Signature.

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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	Physic /Medi		DOROTHY	ast) MARIE		GAUVR	EAU	-	2. Data of D Month JUNE	21, Day 21, 1996	Year	3. Time of Deeth 4:18 AM
	Exami		4a. Facility Nama (If not Institution, g	iva street and nu	umber)		- 10	4b. Clty, Town	, or Location of Dea	th 4c. Count	of Death	
			PHYSICIANS MEMORIAL	HOSPITAL				LAPLA		CHAI		
ľ	Funeral Director		101-12-6674	Sex 1☐ M 2☐XF		rs. lest birthdey, Yrs.	Months Day		Min. 8. Date of B (Month, D Sep 20	irth Pey, Year) , 1924	9. Birthpl Coun New	lece (Stete or Foraig try) York
	B & _	1	Usuel Residence of Decedent 10a, Stete 10b, County		10c.	City, Town or L	ocation				1	0d. Insida City Limits
	f sho	٥									"	1 ☐ Yas 2 ☐ N
	289	ect	Maryland St. Ma	ry's		Mechani	CSVILLE 10f. Zip Code			10g. Citizan of	What Coun	tn/2
1	0 8	급	30020 Tomahawk C	ourt			2065			U.S.		uy i
	25	era	11. Marital Status	12. Was Dac	edent Ever I	n U.S. 13.			? (Specify Yes or N		ce - Amaric	an Indian.
	o worm 72 hours after death with the Maryland Jana	Funeral Director	1 Never Merried 2⊠ Married	Armed Fo	orcas? 2⊠ No				n? (Specify Yes or N Puarto Rican, atc.)		ck, White,	etc.
	ENERGY O	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Gi Year or D			1 ☐ Yes 21X N	o Specify:		Specif	y: Whi	te
	e no constant	Completed	15. Decedent's (Specify only highest g	Education		16a. Dece	dant's Usual Occ	upation	f waddan	16b. Kind of B	iusinass/Inc	dustry
		ple	Elementery/Secondary (0-12)		(1-4or 5+)		kind of work don DO NOT use reti		i working			
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	d a s	To Be	17. Fethar's Name (First, Middle, La: Joseph	*	rlin			18. Mother's Marga	Nama (First, Middle ret M.	a, Meiden Sumai McClet		
								or Rural Route Num	ber, Clty or Town	, Stete, Zip	Code)	
	- N -		Leopold G. Gauvr	eau				wk Ct.,	Mechanic	1		20659
	t of Has if Item or othe		20e. Mathod of Disposition 1	☐Removel from	Stata	cemetery, cre	osition (Neme of metory or other p		Dete	20c. Location		
	Mant:		4 Donetion 5 Othar (Spec	cify)	R		tion Cem		6/22/96	Clinton	ı, Mar	cyland
	Department of H Important: If Ite any Injury or ot once.		21. Signature of Funarel Service Lie	graph .	1 4		2. Name end Add		er Funera	l Homo	Dλ	
	20599		Michael	Larde	ner				nardtown,			0650
			23e. Pert1. Entar tha disaasa, or to shock, or heart feilure. List on	mplications thet	ceused tha c	laath. Do not an	tar tha moda of d	ying, such as ca	rdiac or respiratory	arrest,		Approximata Interval Between
P	hysician			, , , , , , , , , , , , , , , , , , , ,	Α.	1					1	Onset and Death
	/Medical xaminer	П	Immediate Cause (Final disease or condition		HCa	se Ti	ulmon	gry &	doma.			
-	xammer	Ш	resulting in deeth)	0	Dua t	o (or as a conse	quence of):	0	dema.			
3	₽ #			h	POYC	Mary	Hea	urt I	Lillas	۲.	i	
4	physician and s the burial-transit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying	<i>U</i> .	Due t	o (or es e conse	quence of):					
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	physi	9	thet Initieted events rasulting In death) Last		Dua to	o (or as a conse	quence of):				i	
	nding pl	VMedical		d								
		clar										
1 000	ed by the atte	Physician	Part II. Other significant conditions	contributing to d	leath but not	rasulting In tha u	indarlying causa	given in Part I.				the cause of death
	dati dati		se empl	myer	roc	*			16	Yes 2 No	3 Prot	pably 4 ☐ Unknow
The low recognition	signed ld be dai	d by	1						24a. We	s an autopsy		ere eutopsy findings
	peen s	ete							per	formed?	cor	ailable prior to mplation of causa
9	ata has page 2	Completed										death?
			OF Man ann referred to medical							Yes 21 No	11	Yas 2 No
Dhuelelen	s cartific director.	o Be	25. Was casa referred to medicel exeminer? 1 ☐ Yes 2 ☑ No	Hospitel:	La carte de	Пере	· · · · · · · · · · · · · · · · · · ·	Whor:	Deeth (Check only			
Dhys	rald	۲.	27. Manner of Deeth	28e. Dete		2 ER/Outpetie	nt 3/20 DOA	4 LI Nursi	Ing Home 5 ☐ Res 28d. Describe	how injury occu		/)
100	leath. tor: Aftar thi the funeral	tout	1 Neturel 5 Pending 2 Accident investigati	(Mon	nth, Dey Year	r) tnjury	W	ork? □Yes 2□No		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
or Attending	aftar daath Director: / d in by tha i	Certification:	3 Sulcide 6 Could not	be as Bloom	e of Injury - A	At home, ferm, st	reet, factory, offic			(Street end Num	ber or Rura	l Route Number,
5	# # E	ert	4 Homicide	build	ling, etc. (Sp	ecify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		28f. Location (Street end Number or Rural Route Number, City or Town, State)			
Hospital	within 24 hours aftar of To the Funeral Direct compiataly filled in by	edical C		miner: On the b					plece, end due to the occurred at the time			
To the	o the	Me.	29b. Signeture and title of certifier	11 11		1. 1	29c. Lice	nse numbar	Т	29d. Dete signe	ed (Month, I	Day, Year)
F	S F 0		▶ Kanlot	t ()	Hen	ding Ph	ysigan)	2507		6-9	1-9	7
			30 Name and address of passes wh	oompleted o	co of doots /	()		12587		UZ	<i>r</i> 1	1
			30. Name and addrass of person who	VA MEDICAL				DOAD 17	י שו יוסטעדו	2000		
	Sta	to					ST OFFICE	RUAD WA	ALDORF MD. 2	<u> 10002</u>		
	Registi	ar	31. Data filad (Month, Dey, Year) JUN 21	1996	Julia do	gnatura Ran	dall					

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page 5 should be detached for

funeral director.

in by the medical

William Boyd, II, M.D.

IIIN 25 1996

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

Davidson-Rardall

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after or	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remained.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
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STATE DF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR **CERTIFICATE OF DEATH** REG NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR AARON FRANKLIN **GREER** PM June 22. 1996 9:40 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign DAYS 234-44-9981 1 X M 2 F Feb 4. Virginia 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St. Mary's Hospital DIRECTOR Leonardtown St. Mary's RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland St. Mary's 1 - YES 2 NO Hollywood FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10e, CITIZEN OF WHAT COUNTRY? Rt. 2 Box 108 20636 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Merried 2 Merried BY 1 TES 2 NO Specify: Specify. 3 Widowed 4 Divorced World War II White 16e. DECEDENT'S USUAL OCCUPATION

If a work done during most of working COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 9th Grade Heat Plant Operator U.S. Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Billy Alex Greer Hester Blevins 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rt. 2 Box 108, Hollywood, MD 20636 Blanche E. Greer 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 1 Donetion 5 Other (Specify) Charles Memorial Gardens 6/26/96 Leonardtown, MD 21. SIGNATURE OF FUNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Tichael Mattingley-Gardiner Funeral Home, P.A. Jardiner P.O. Box 270, Leonardtown, Maryland 20650 23. PART I/Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ehock, or heart fellure. List only one cause on each line. interval Between **Onaet and Death IMMEDIATE CAUSE (Finel** Employena. Raspirating Facture disease or condition YRS recuiring in death) MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED AVAILABLE PRIOR TO PLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 26. PLACE OF DEATH (Check only one) certificate h the State C 25. WAS CASE REFERRED TO MEDICAL 25. WAS CASE REPERINE.
EXAMINER?
1 YES 2 NO
27. MANNER OF DEATH
1 Netural 5
Accident HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) I ☐ Inpatient 2 ☐ ER/Outpatient 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) a 🗌 Could not ba COMPLETED 14 4 Homicide 1 📈 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end manner ee stated. (Check only one) MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end menner ee stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIQNED (Month, Day, Yeer) 16-24-96, 114285 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Leonardtown, MD

DHMH-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

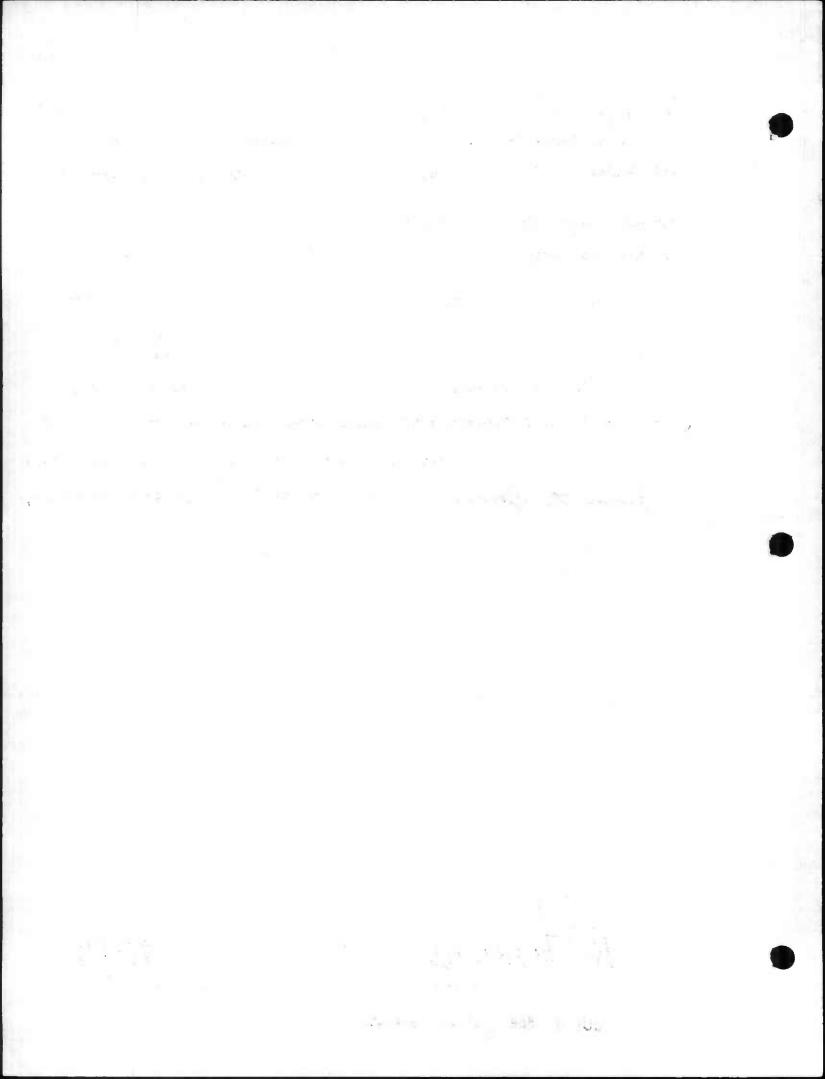
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN	E	-0/11
	1. DECEDENT'S NAME (First, Middle, Last)			7.1.2.01	JUNIII.	2. DATE OF DEATH		3. TIME OF DEATH
	Robert	Parran	Grave	es		June 26, 1	996 YEAR	2:30 A M
		5. SEX 6. AGE (F UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	8. BIR	THPLACE (State or Foreign intry)
	219-32-2480 9a. FACILITY NAME (If not institution, give stre		94 YRS.	ONTHS DAYS	R LOCATION OF DE	oct 23, 19	01 Ma	ryLand
DIRECTOR	Bayside Nursing H				ton Park		St. M	
EC	10e. STATE 10b. COUNTY		t0c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
E I	MD St	. Marv's	Δ.	ze.nue				LIMITS?
	10e. STREET AND NUMBER	. Hary s	A\		ZIP CODE		10g. CITIZEN O	WHAT COUNTRY?
FUNERAL	General Delivery			2	20609		U.S.A.	
5		12. WAS DECEDENT EVER IN FORCES? 1 YES				NIC ORIGIN? (Specify Yee		CE — American Indian, ack, White, atc.
BY	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 X NO Specif			*CHY: White
	15, DECEDENT'S EDUCA	ATION	10- DECEDENTION	1	NA .			
COMPLETED	(Specify only highest grade of	completed)	(Give kind of worlde, Do NOT use	rk done durina mo	on st of working	16b, KIND OF BUS	SINESS/INDUSTRY	
7	Elementary/Secondary (0-12) 4th Grade	College (1-4 or 5+)	Waterm	nan		Sea	afood	
MO	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	IME (First, Middle, Maiden		
	Robert Graves					lizabeth Lo		es
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street a		Route Number, City or Town		
2	Margaret E. Green	nway	11904	Mongon	nery Lane	, Waldorf,	MD 20	602
	20a. METHOD OF DISPOSITION 11 Burlel 2 Cremation 3 Remove		PLACE AND DATE OF		me of	DATE 20c. LO	CATION — City or	Town, State
	4 Donation 5 Other (Specify)		etery, crematory or other		tery 6	5/28/96 Bu	chrond	MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	Design /		22. NAME AN	D ADDRESS OF FA	CILITY	oral IIo	70 D A
	Muchael K	Hardin	en)			rdiner Fun Leonardto		
	23. PART t. Enter the diseeses, or co	omplications that cause	the death. Do no					yland 20650
	shock, or heart fellure. L IMMEDIATE CAUSE (Finel	list Drily one cause on e	ach line.					Interval Between Onset and Deeth
	disease or condition	ATTO	1 × O==	The	- 01	oversul	on de	Y VID <
- 9	resulting in death) e	DUE TO (OR AS A	CONSEQUENCE OF):	V (and a	000000		1. 1.00
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CERTIFICATION	Sequentially flat conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
S	cause. Enter UNDERLYING CAUSE (Disease or Injury							
=	thet initieted events reculting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
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AL 0	PART II. Other eignificant conditions				g ceuse given in			4b. WERE AUTOPSY FINDINGS
	_ Chr	mie Lux	5 due	cin		PERFOR	1/	AVAILABLE PRIOR TO COMPLETION OF CAUSE
AED								OF DEATH?
-	DID TOBACCO USE CONTR	RIBUTE TO CAUSE C	F DEATH YES	□ NO □	UNCERTAI	N/Q		74
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH			4-1-		
Sic		HOSPITAL: 1 Inpetient 2 ER/Outp	ortlant 3 DOA 4	Nursing Hom	e 5 🗆 Raeldence	6 Other (Specify)		
£	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME		URY AT	28d. DESCRIBE HOW I	NJURY OCCURED	
BY I	1 Natural 5 Pending Accident Investigation				YES 2 NO	WIY.	-	
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, etr	eet, factory, offic		28f. LOCATION (Street I City or Town, State)	and Number or Rur	al Route Number,
COMPLETED	4 Homicide determined		-				NIA	
PL	29a. CERTIFIER (Check only	CIAN: To the best of my know	ledge, death occurred	at the time, data	and place, and due	to the cause(a) and mar	nor as stated.	
OM	070) 2 MEDICAL EXAMINER	R: On the basis of examination	n and/or investigation,	In my opinion, o	eath occured at the	time, data and place, an	d due to the caus	e(s) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU	MBER	29d. DATE SIGN	ED (Month, Day, Year)
	m/8	Course hu			1142	-85	> Cel	27/96
5	30. NAME AND ADDRESS OF PERSON WHO		ATH (ITEM 27) (Type, F	rint)	Ŧ.	31 37	7 7	20050
j.	William D. Boyd,				Leona	rdtown, Ma	гулапа	20650
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	LUST-Randall					
	0011 20 100	July 10 mon	CON TOU DO					

			State of Maryland / De	ertificate of		Mental Hygle Reg.		20110
	Physici	ian	1. Decedent's Neme (First, Middle, Last)			2. Dete of Death	Dey Yeer	3. Time of Deeth
1	/Medi	cal	4a. Fecility Nema (If not institution, give street end number)	re	4b. City, Town, or L	July	2 1996	
3	Examir	ner	Washington County Hospital		Hagerst		4c. County of Death Washingt	
1	Funeral		5. Social Sacurity Number 6. Sex 7. Age (In yrs. last birthdo	ey) If Under 1 Yaar Months Deys	If Undar 24 Hrs. Hours Min.			hplece (Stete or Foreign untry)
	Director		217-28-2144 1⊠ M 2□ F 64 Yrs	Months Days	Hours Mill.	Jan. 19,	1932 Mar	yland
	ylend iow		10a. State 10b. County 10c. City, Town or	Location				10d. Inside City Limits
	Ba-f st	ctor	Maryland Washington Hagers	town				12 No 2 No
	with th	Funeral Directo	10e. Street end Number 620 Maryland Avenue	10f. Zlp Code 2174	.0	10g.	Citizen of What Co. U.S.A.	untry?
	death me 23	erai				pecify Yes or No-	14. Reca - Amer	ricen Indian.
21215-0020	permit. Peges 1 and 2 should be filled within 72 hours after death with the Maryland Deperment of Health end Mentel Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Mod cal Examiner must be not industra	þ	1 Never Married 2 Married 1 Yas 2 No If Yes, Give 1952-54	3. Was Decedent of H If Yas, specify Cuba 1 ☐ Yes 2 ঐ No	an, Mexicen, Puerto Specify:	Pican, atc.)	Bleck, White Specify:	
15-(netu ad cal	letec	15. Decedent's Education 16a. De (Specify only highest grade completed) (G	cedent's Usual Occup ive kind of work done of b. DO NOT use retired	eation during most of work	kina	. Kind of Business/i	
212	filed within Hygiene. Ather than " ont, the Me	Completed	Elementery/Secondary (0-12) College (1-4or 5+)	echanic	a)		auto & hea equipment	avy
	be filed tel Hygid d other event, ti	BeC	17. Fethar's Name (First, Middla, Last)		18. Mother's Nem	e (First, Middle, Male	dan Sumeme)	
Maryland	2 should be end Mentel le merked o aumetic eve	To I	William Windy Godlove			Mettie Ka		
	Haalth end Haalth end Iem 27 Ie m		19e. Informent's Neme/Relationship (Type, Print) Mrs. Katherine S. Peck/Daughter 822	elling Address (Street Concord S				
Baltimore,	Peges 1 nant of Hs int: If item iry or oth		1⊠ Burial 2 □ Cramation 3 □ Ramoval from State cemetary, o	sposition (Neme of tramatory or other plea wn Memoria		Dete 200 July 5,199	2. Location - City or 1	Town, State
Balti	permit. Peges Depertment of Important: If it any Injury or o		21. Signature of Funarel Service Licensea	22. Nama and Addres	ss of Fecility M	innich Fur vd., Hager	neral Home	aryland
			23a. Papt. Entar tha disaesa, or complications that caused the daeth. Do not shock, or heert fallure. List only one cause on aech line.					Approximata
	Physician			^				Interval Betwaen Onset and Deeth
1	/Medicai Examiner		Immediate Ceusa (Final disaasa or condition resulting in deeth)	rry H	rrest			RWEEKS
	1123	Jer	Dua to (or as a con-	equancé of):				
	cete be executed physician end the buriel-transit	Examiner	0.	sequence of):				
68760,	be ex ician buriel	alE	Sequentielly list conditions, if eny, leeding to immadieta cause. Enter Underlying Cause (Disease or Injury that initieted events					T.
687		edical	resulting in death) Last				į	
Box	eeth certifi ettending i for use as	an/M	a Aspiration)				
	law requiras thet the deeth certifi as been signed by the ettending r.2 should be datached for use at	Physician/M	Pert II. Other significant conditions contributing to death but not resulting in the	underlying cause giv	ren in Pert I.	23b. Did tobac	cco use contribute	to the cause of death?
P.O.	as thet the de igned by the be datached		Alcoholic			10/08	2□No 3□Pr	obably 4 Unknown
Records,	v requiras been sign should be	ed by	SYON			24e. Was an ar		Vera autopsy findings
ecc	a law requ has been ya 2 shoul	Completed	JMONEY			perronned	"	completion of cause of deeth?
	Page 1					1 □ Yes	2 1 No 1	Yes 2 No
of Vital	Physician: The this certificate ral director, pag	D Be	25. Wes case referred to medical examinar? 1 ☐ Yes 2 No Hospitel: 1 Nonetient 2 ☐ FR/Outroe	Oth	and the same of th	th (Check only one)		
	F F E	n: To	27. Menner of Deeth 28e. Dete of Injury 28b. Time	of 28c. Injun	4 LI Nursing He	ome 5 Residence 28d. Dascribe how I		city)
sior		atlo	1 ⊠Neturel 5 □ Pending (Month, Day Year) Injur 2 □ Accident Investigation		Yes 2□No			
Division	al or Attendil s efter deeth. Il Director: A od in by the fu	Certification:	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined 28e. Plece of Injury - At homa, farm, building, etc. (Specify)	street, fectory, office		28f. Location (Stream City or Town, St	t end Number or Ru tete)	rel Routa Number,
	To the Hospital or Attent within 24 hours efter deet To the Funeral Director: completely filled in by the	edical	29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, de 2 Medical Examiner: On the basis of axamination end/or end mennar stated.	eth occurred et the tim Invastigation, in my o	ne, dete end piece, pinion, deeth occur	and due to the cause red et tha tima, date	e(s) end menner es and plece, end dua	steted. to the cause(s)
	To the To the comp	Me	29b. Signature end title of centiler	29c. Licanso		29d.	Data signed (Month	n, Day, Yaer)
			PRP lander MA		1555		7151	46
			30. Name and address of person who completed cause of deeth (fram 23a) (Type	O / A -	ersville	2 M	21773	
	Sta	te	31. Date filed (Month, Day, Year) 32. Registrar's Signeture		CISVILIE	- Ind	J. 112	
	Registr	ar	JUL 0 8 1996 John Student	artall.		11		

DHMH 16 Rev 6/95



page 5 should be detached for use as the

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Pages 1, 2, 3 should

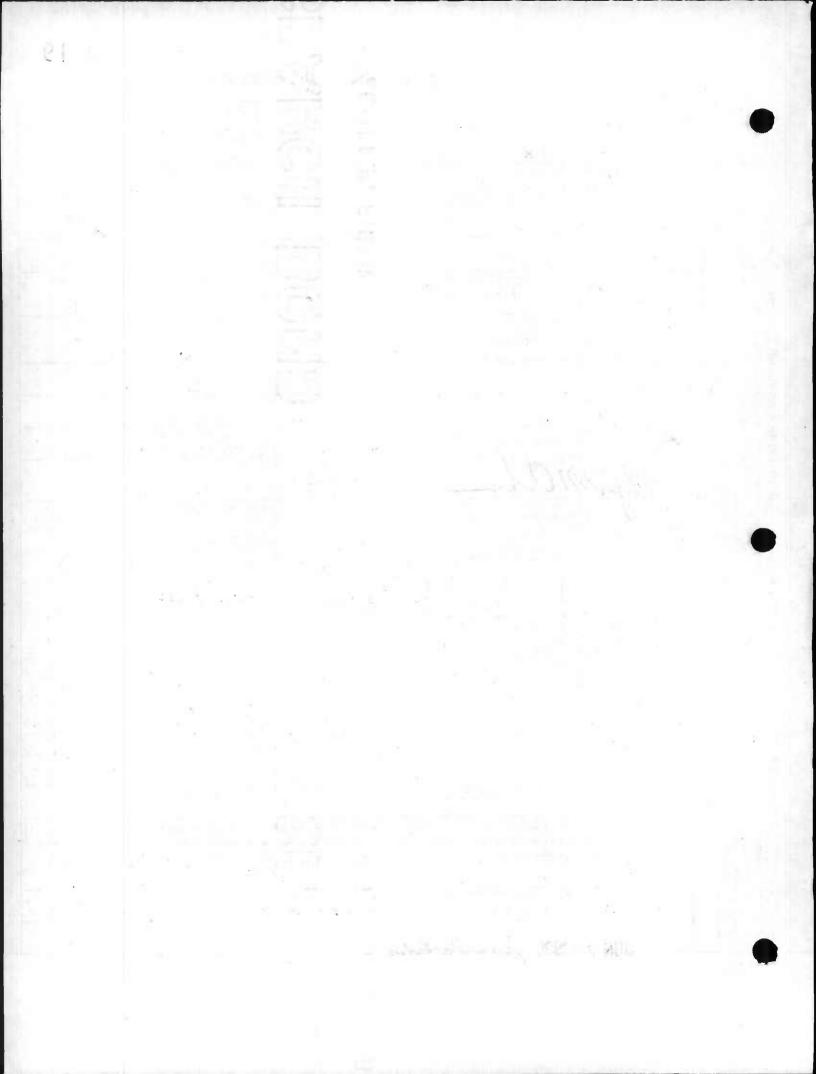
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	1	0	ĕ
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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ren
	Lan	f-	400

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH June 27, 1996 Walter Perry GRUBER 2:30 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs last hirthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTNPLACE (State or Foreig HOURS 219-36-2688 1 M 2 - F 81 Oct.18,1914 Maryland 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Colton Villa Nursing Center Hagerstown WASHINGTON RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Washington Williamsport 1 X YES 2 NO 10a STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 23 N.Conococheague St. 21795 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Ricen,

1 YES 2 NO Specify: 1 Never Married 2 M Merried BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Welder 6 Steel Supplier 17. FATHER'S NAME (First, Middle, Last) 18, MOTNER'S NAME (First, Middle, Maiden Surname) to Samuel Gruber BE Annie Shupp notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Carvella L. Stone 31 E. North Ave. Hagerstown, MD 21740 20a, METHOD OF DISPOSITION pe 20b. PLACE AND DATE OF DISPOSITION / Name of DATE 20c. LOCATION - City or Town, State must Burial 2 Cremation 3 Removal from State Clear Spring Mennonite Cem. Jun. 29, 1996 ☐ Donetion 5 ☐ Other (Specify) Clear Spring, MD 21722 21. SIGNATURE OF FUNERAL SERVICE medical examiner 22. NAME AND ADDRESS OF FACILITY OSBORNE FUNERAL HOME P.O.Box # 348 Williamsport, MD 21795 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, auch as cardiec or respiratory arrest, and, or heart failure. List only one cause on each line. interval Between Oneet and Deeth IMMEDIATE CAUSE (Final the disease or condition resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events or other reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TYES 2 LING 1 YES 2 1 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER 1 YES 2 7 NO 1 inpetient 2 ER/Outpetient 3 DOA 4 UN ne 5 🗆 Reeldence 6 🗆 Other (Specify) 0 28a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED marked, 1 Netural 5 Pending investigation 2 1 NO 1 YES BY 2 Accident PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town. State) 69 8 Could not be COMPLETED 4 Homicide 28 Hem 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, and due to the ca IMPORTANT: IF 2 []] MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date 29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Jerry Correces 1125 Professional Ct. Hagerstown, MD 21740 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE



State of Maryland / Department of Health and Mental Hygiene

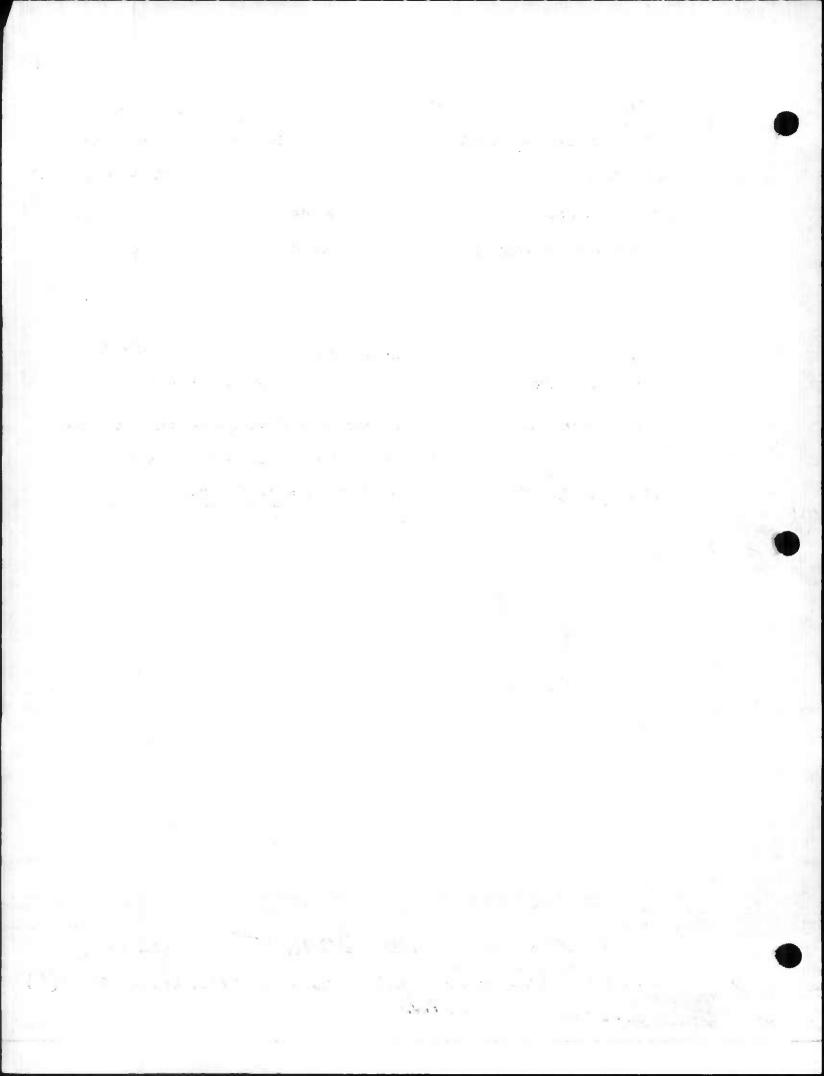
Certificate of Death

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Dhunia		1. Decedent's Neme (First, Midd	le, Last)							2. Dete of De	eth Day	Yeer	3. Time of Deeth
Physici /Medi		Anna Bel	le (Grove								996	1905
Examir		4a. Facility Neme (If not Institution	n, give stree	t end numi	ber)			4b. City, T	own, or L	ocation of Deet	h 4c. County	of Deeth	
		Washingtor	Count	ty Ho	spital			Hag	erst	own	Was	shingt	on
Funeral		5. Sociei Security Number	6. Sex		. Age (In yrs.	lest birthdey)	If Under 1 Yea Months Dey		r 24 Hrs. Min.	8. Date of Bir (Month, De	th V. Year	9. Birthpl	ece (Stete or Foreign
Director		214-48-4262	1 M	2L X F	82	Yrs.	womme bey	1100.0			3, 1913	Mary	Lanci
pu *		Usuel Residence of Decedent 10a. State 10b. County			100 Ch	h. Tourn orto	nation						
r the Marylan r 28a-f show	-					y, Town or Lo						10	od. Inside City Limits
9 M	octo		hingto	n	i	Sharpsh							1 TYes 2 No
it so	Director	10e. Street end Number					10f. Zip Code				10g. Citizen of	Whet Count	ry?
23a	ra	131 W. Main St.					2178	-			USA		
within 72 hours efter deeth with the Maryland with 72 hours efter deeth with the Maryland ene. Than "natural", or items 23a or 28a-f show the Maryland and the	Funeral	11. Maritel Status	A	rmed Forc		,S. 13. \	Was Decedent of f Yes, specify Cu	Hispenic O ben, Mexice	rigin? (Sp en, Puerto	ecify Yes or No Rican, etc.)	Harage Ble	ce - America ck, White, e	
s eff	by F	1 ☐ Never Married 2 ☐ Mer 3 ☐ Widowed 4 ☐ Divorced	if	Yes, Give			1□ Yes 2⊠ N	o Specify	<i>r</i> :		Specif	γ: τ.7l	ai ka
72 hours "natural",	D D			ear or Det	es:	1000					100 100 1 100		nite
n 72	Completed	(Specify only highe	nt's Educetion est grede com	n n <i>pleted)</i>		16e. Deced	lent's Usuel Occ kind of work don DO NOT use reti	upation e <i>during</i> mo	st of work	ing	16b. Kind of B	usiness/ind	ustry
d within 72 hours of giene. Ir than "natural", or in Medical Exem	E G	Elementery/Secondery (0-12)	C	college (1-4	for 5+)		omerrake:				hom		
100 Table 24 Table	Ö	17. Fether's Neme (First, Middle,	Last)			L	ioner are.	_	er's Nem	e (First Middle	hom , Malden Sumer		
ould be Mental arked o	Be	George Berna		1exar	vier			Mar		Hockers		,,,,	
2 should be n end Mental is marked c	L O	19e. Informent'e Name/Reletions			ICL	40h Maili	a Address (Ctra		,			044 74	0.41
d 2 should be filed th end Mental Hyg 7 is marked other traumetic event,				THIL)			Dow The						
he leed		Mary Lu Par 20e. Method of Disposition	pa		20h F		Par The	ree Di	Tve	Dete	20c. Location		nd 21740
o = o		1 Buriel 2 □ Cremetion		vel from St	ate	emetery, cren	netory or other p						
bernit. Peges 1 ar Department of Hee Mportant: If Item 2 Iny Injury or other MCs.		4 Donetion 5 Other (S			Mt		Cemeter	4		7/2/96	Sharpsl	ourg,	Maryland
permit. Peges 1 and Department of Heelth Important: If Item 27 any Injury or other tr		2) Signeture of Funerel Service	Licensee		Ω	Ge	Neme and Add	ress of Fect Minni	ch	305 N.	Potoma	c Str	eet
4 00 2 4 0		seeld of al	10 km	neo	K.	Fu	meral H	ome		Hagers	town, M	aryla	nd
		23a. Pert1. Enter the disease, o shock, or heert feilure. List	complication	ns that ceu	used the deet	h. Do not ent	er the mode of d	ying, such e	s cerdiec	or respiretory e	rrest,		Approximete Intervei Between
Physician			,										Onset end Deeth
/Medical		Immediate Cause (Finei disease or condition	1257	VOT	Tru no	v. Ton	eal H	le use	ereke	PR			Win
Examiner		resulting In deeth)	θ	, -,	Due to (o	or es e conseq	uence of):	0 1-1-12	V				VA 101
D #	i e			Ĺ	necvo	otic	liver	/				į	weeks
certificate be executed adding physician and use as the buriel-trensit	n/Medical Examiner	Sequentially list conditions,	0		-	or es e conseq	1					i	
e exe	Ω	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury										1	
ficete be ex physician as the burie	lica	thet initieted events resulting in death) Lest	C		Due to (or	r es e conseq	uence of):						
ing p	Mec		h										
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0 0 D	Physicia	Part ii. Other significant condition	ons contribut	ting to deat	th but not res	ulting in the ur	nderlying cause (iven in Pert	i.	23b. Did	tobacco use co	ntribute to	the cause of death?
at the	Phy									10	Yes 20 No	3 Prob	ably 4 Unknown
gned be de	by											,	
ne lew requires that the shes been signed by th tge 2 should be detech	Pa										en autopsy ormed?	24b. We	re eutopsy findings ilable prior to
	Completed									potri		con	pletion of ceuse eath?
The lew sate hes I page 2 s	E									×	Yes 2□No	N	Yes 2□ No
definer: The	Bec	25. Wes case referred to medica	ı					26 Plea	e of Deet	h (Check only			100 2210
Physician: The certificate ral director, ps	To B	examiner? 1 ☐ Yes 2 No	Hospit	tel: 1 Mnp	nationt 2	ER/Outpatien	t 3□ DOA	ther			dence 6 □Oth	er (Specify	1
Phys er this eral di		27. Megner of Deeth	28		Injury Dey Year)	28b. Time of			utonig Ho		how injury occur		/
or Attending i efter deeth. Director: After in by the funer	ig St	1 Naturei 5 ☐ Pendir 2 ☐ Accident Investi		(Month,	Dey Year)	injury		ork? ⊒Yes 2□	No				
Attending is a deeth.	Certification:	3 ☐ Sulcide 6 ☐ Could		e. Piece of	Injury - At ho	ome, farm, str	eet, fectory, office	9			Street end Numi	per or Rural	Route Number,
offe Olfre d in t	ert	4 ☐ Homicide determ	11100	building	, etc. (Specif)	y)				City or To	wn, Stete)		
To the Hospital or Attending Physician: within 24 hours efter deeth. To the Funeral Director: After this certific completely filled in by the funeral director.		29e. Certifier Certifyir	g Physician	: To the be	est of my know	wiedge, deeth	occurred et the	time, dete e	nd plece.	end due to the	ceuse(s) end m	enner es ste	eted.
24 h 24 h Fur	edical	(Check only 2 Medical one)	Examiner: C	on the basi	is of examine	tion end/or Inv	estigetion, in my	opinion, de	eth occur	red et the time,	dete end place,	end due to	the ceuse(s)
omp omp	Me	29b. Signature and title	5				29c. Lice	nse number			29d. Date signe	d (Month, L	Dey, Year)
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	-	20 Name and addition	case	de	acor.	00-1/7	Print)	1001	,		Jan 2	7 >	50
_		30. Name end eddress of person	wno complet	ted cause	or death (Item	1 23e) (Type, I	Print)	n	Hen	10, 5 %	we les		
		31. Date filed (Month, Day, Year)	Weck	30 00-	jistrer's Signa	00 VO	VINEW	TTP	11119	er 10	vu. pera		
Sta	te ar	LI II	E 1996	_	Julia Solula								

State of Maryland / Department of Health and Mental Hygiene 96 20721

					Certifica	te of	Death	Re	g. No.	O	-0121
Divini	1	1. Decedent's Neme (First, Middle, L	ast)					2. Date of Deetl Month	1	Vaar	3. Time of Death
Physi /Med		Sandra	Go	oda11				06	Dey 24	96	9:12 PM
Exam		4a. Fecility Neme (If not institution, gi	ve street end number)				4b. City, Town, or Lo	ocation of Death	4c. County	y of Deeth	
		10815 Georgia	a Avenue #1	01			Wheat	con	Mor	ntgom	ery
Funera Directo			Sex 7. Age 1 □ M 2 🖫 F	(In yrs. last bir 48	Yrs. If Und	er 1 Year Deys		8. Date of Birth (Month, Dey, 12 19			lace (State or Foreig try) ington DC
laryland show	_	10a. State 10b. County Maryland Montgor	nerv	10c. City, Tow	n or Location	WI	neaton			1	0d. Inside City Limits
the Ma	ecto										XXYes 2□No
23a or 2	Funeral Director	10e. Street end Number 10815 Georgia	a Avenue #1	01	10f. Z	ip Code	20902	10	g. Citizen of	Whet Cour JSA	itry?
d within 72 hours after death with the Maryland giene. If then "natural", or frems 23s or 28s-f show, the Medical Examiner must be intitled at	by	11. Marital Status 1 Never Merrled 2 Married 3 Widowed 4XXDivorced	12. Was Decedent E Armed Forces? 1 Tes 2 X N If Yes, Give Yeer or Dates:		13. Was Dec	ecify Cub	Hispenic Origin? (Sp en, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		ce - Americ ck, White, y: B1	
	Completed	15. Decedent's E (Specify only highest gr	ede completed)		Decedent's Us (Give kind of w	uel Occu ork done	petion during most of works d)	ing	6b. Kind of B	usiness/Ind	dustry
within iene. then	E	Elamantary/Secondary (0-12)	Collega (1-4or 5	+)	School				Gor	vernm	ent
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d 2 should b th end Mente 7 is merked traumatic e	5	19e. Informent's Name/Reletionship		19h	Mailing Address	e /Stran	end Number or Rura	el Route Number	City or Tourn	State Zin	Code
od 2 Ith e 27 ls		Greta graham/S					Road #202,				
프로		20a. Method of Disposition		20b. Pleca of	Disposition (Ne	me of			Oc. Location		
Page nent o		1 Burlal 2 □ Cremetion 3 □ 4 □ Donation 5 □ Other (Speci	fy)		y, cremetory or ny Memon	rial	Park 6/	′28/96	Lando	ver,	MD
permit. Departrimports any injector		21. Signeture of Funeral Servica Lice	1.		T P	To	ess of Fecility Okins Fune	vral Uom			
40200		23a. Pert1. Enter the disease, or conshock, or heart failure. List only	centre		7474	Land	dover Road	Landor	er. M	D_207	85
/Medical	liner	Immediate Ceuse (Finel disease or condition rasulting in deeth)	a. AIDS	Due to (or es e c	consequence of	:		- 1			
eath certificate be executed ettending physician and for use as the buriel-transit	cal Examiner	Sequentielly list conditions, if eny, leeding to immediate causa. Enter Underlying Cause (Disaase or Injury that Initieted events	C	Due to (or es e o						1	
certificate nding phy use es the	n/Medical	resulting In death) Lest	d	ue to (or es e c	onsequence or)						
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ysician: The	Be	25. Wes case referred to medical exeminer?					26. Pleca of Death	(Check only one)		
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St	ate	31. Date filed (Month, Day, Year)	32. Registrer	's Signetur	10810	(0)	ringesieu	LI FIVE.	KENUI	109/	JU, TV
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State of Maryland / Department of Health and Mental Hygiene

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			30 Name and addr Kai-Yil	ass of person with Yellno	no completed cau	sa of death (Ital	m 23a) (Type, I	Print)	Cli	nton	. MD	2073	5				
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State of Maryland / Department of Health and Mental Hygiene 20723 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** Month Novella F. Goldthwaite June 1996 6:30 PM /Medical 4a. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 900 Kinwood Street Hyattsville, MD Prince Georges 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** 1□ M 2□₹ 579-28-6256 83 Yrs. Director 15,1912Delhi, Usual Rasidance of Decedant permit. Peges 1 and 2 should be filled within 72 hours efter death with the Meryland Department of Heelth and Mentel Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-4 show any injury or other traumatic event, the Medical Examples must be notified at once. 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Yas 2□No Director Prince Georges Hyattsville 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 1113 Chillum Manor Rd. 20783 USA Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ②No tf Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: Black þ 3 XWidowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) College (1-4or 5+) Photo Technician U.S. Gov't 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Cuba Fleming Elmira Schaeffer 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 20783 19e. Informant's Name/Raletionship (Type, Print) Princess E.Goldthwaite Peagler 1113 Chillum Manor RD, Hyattsville, MD 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 1⊠ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Ft. Lincoln Cemetery 6-17 Brentwood, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licenses Marshall S Funeral Home, Inc. 4217 9th St. N. W., Washington, DC 20011 11 Jans 23a. Raft1. Entar tha diseasa, or complications that ceused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or haert fellura. List only one cause on each line. Approximata Interval Batween Onset and Death **Physician** Immediata Causa (Finel disaasa or condition rasulting in daeth) /Medical Cancer of the Pancreas 6 months Examiner Dua to (or as a consequence of): Examine physician end s the buriel-transit The lew requires that the deeth certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) use signed by the a Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Pulmonary Embolus þ 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? s certificete has b director, page 2 s 1 Yas 2 No 1 □ Yas 2 □ No Hospital or Attanding Physician: funeral director. 25. Wes case refarred to medical axaminar? 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yas 2 No this 28a. Date of tnjury (Month, Day Year) 27. Mannar of Death 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? 5 Panding 1 DNatural efter death. Director: Af 1 Yas 2 No invastigation 2 Accident 6 Could not ba determined 3 ☐ Sulcida 28f. Location (Street end Number or Rurel Routa Number, City or Town, Stata) 28a. Place of Injury - At home, farm, streat, factory, office building, atc. (Specify) 4 Homicida 29a. Certifiar 1 Certifying Phyalcian: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. Medical To the Hosp within 24 ho To the Fune completely f (Check only one) 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, deta and place, and due to the causa(s) and manner stated. 29c. Licansa number 29b. Signature and title of curtified 30. Name and eddress of person who completed cause of death (Itam 23a) (Type, Print) 10810 Connecticut Ave Kensington, MD 125/eu

DHMH 16 Rev 6/95

State Registrar The same is to make the first of the same.

State of Maryland / Department of Health and Mental Hygiene

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					Certificat	e of	Death			Reg. No.		40	164
		1. Decedant's Nama (First, Middla, Las	st)					1	2. Data of De	ath	V-1-	3. Tima	of Death
Physic /Med		ETHEL LOUISE GON	1BER						Month JUNE	21 1	996	4:01	l P.M.
Exami		4a. Facility Nama (If not institution, give	a street and number)				4b. City, Tov	wn, or Loca	ation of Death	4c. Count	y of Death		
		MALCOLM GROW MEDIO	CAL CENTER				ANDREW	S AFI	3	PRINC	E GEC	RGES	
Funera		5. Social Security Number 6. S	ax 7. Aga ('In yrs. last birth	day) If Undar Months			Min.	B. Data of Birl (Month, Da	th y, Year)	9. Birth	piaca (Stat ntry)	a or Foraign
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or Ham		20a. Mathod of Disposition		20b. Place of I	Disposition (Nar., cramatory or o	na of			Data	20c. Location			
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/Medical Examiner		Immediata Causa (Final disaasa or condition rasulting in death)	a LUNG CANC	ER							1	1.5 H	RS
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68/60 ficate be physician as the buri	edicai	Causa (Disaase or injury that initiated avants rasulting in death) Last	C. Du	a to (or as a co	nsequance of):								
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ecords, law requires t as been signe 2 should be	d by						-		24a Was	an autopsy	24b. W	/ara autops	sy findings
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T 0 - 8	Completed								10	van o'Mala		death?	RA No.
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	To Be	axaminar? 1 □ Yas 2 ☒No	Hospital: 1 ☐ Inpatiant	2 ER/Out	patient 3 DC	OA Ot	har			dence 6 □Ot	har (Speci	ifv)	
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DIVI To the Hospital or At within 24 hours after or To the Funeral Direct completely filled in by	edical	29a. Cartifiar 1 ☑ Certifying Phy (Check only one) 2 ☐ Medicat Exam	/sician: To the best of n inar: On the basis of ax and manner state	amination and	daath occurred or invastigation,	at tha ti	ma, data and opinion, daat	piace, an h occurred	dua to that at tha tima,	causa(s) and m data and place,	annar as s and dua t	stated. to the caus	a(s)
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		FRANCES M. MCCABE	, MAJ, USAF	, MD	AN	IDRE	WS AIR	R FOR	CE BAS	E MARYL	AND	2076	2-6600
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96-3425-033 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEMS: 23 PART I, 27, PER MEO State of Maryland / Department of Health and Mental Hygiene 20725 FILM q-737 7/19/96 t.t Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Death 3. Time of Death Month **Physician** DOROTHY GLENN /Medical JUNE 20 1996 8:28P.M. 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner CHEVERLY

If Under 24 Hrs.
Hours Min.

8. Date of Birth
(Month, Day, Year)
Aug 23 1924 PRINCE GEORGES HOSPITAL CENTER PRINCE GEORGES if Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foreign **Funeral** 1₩ M 2□ F Months Deys 578-30-2372 71 Yrs. Newburg, MD Director Usual Rasidence of Decedent 10a. State 4 2/2 10b. County 10c. City, Town or Location 10d. Inside City Limits must be notified at Director 1 ☐ Yes 2 ☐ No N/A N/A Washington, D.C. 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 3748 Hayes Street NE #1 20019 United States Funeral items 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ♣ No Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian. Examiner. Bleck, White, etc. after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 0 1 Yes 2 No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorced **Black** natural Year or Dates: Completed the Medical 15. Decedent's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Hygiene. Elemantary/Secondary (0-12)
UNKNOWN Collage (1-4or 5+) Clerk **US** Government other permit. Peges 1 and 2 should be fil.
Depertment of Health and Mentel Hy
Important: if Item 27 is marked other
any Injury or other traumatic and 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Joseph Hill Mary Emily Jennifer 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Bernard A. Glenn/Husband 117 35th Street NE #4 Washington DC 20a. Mathod of Disposition 20b. Piace of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 → Burial 2 □ Cremation 3 □ Removal from State Harmony Memorial Park 6/29 Landover, MD. 4 □ Donation 5 □ Other (Specify) 21. Sign neral Service Licens 22 Name and Address of Facility ope Funeral Homes 2617 Penn Ave SE Washington, DC 20020 Part: Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death Physician /Medical Immediete Cause (Final ATHEROSCLEROTIC CARDIOVASCULAR DISEASE disease or condition resulting in death) Examiner Due to (or as a consequence of) Examiner The lew requires that the death certificate be executed Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest and Due to (or as e consequence of): physicien a s the burial-Box 68760. Physiclan/Medical Due to (or as a consequenca of) attending for use es the P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse givan in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, b 24a. Was an autopsy 24b. Wera eutopsy findings eveileble prior to completion of ceuse of death? 1 Yes 2 No Vital 1 Tes 2 No

cete hes been sig. certificete or Attending Physician: director. this funeral After efter deeti Medicai

of

Division

25. Was cese referred to medical 27. Manner of Death

Completed Be

filled in by hours Hospital 24 hours completely Within 2 To the

Certification: To

29a. Cartifian (Check only one) 29b. Signeture and title of certifier

5 Pending Investigation

6 ☐ Could not be detarmined

1 X Yes 2 □ No

1 Watural

2 Accident

3 Sulcide

4 Homicide

WIU

28e. Date of Injury (Month, Day Year)

Hospital:

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceusa(s) and manner stated.

1 ☐ inpatient 2 X ER/Outpatient 3 ☐ DOA

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28b. Time of

29c. License number O.C.M.E.

28c. injury et Work?

1 Yes 2 No

29d. Date signed (Month, Dey, Yeer)

28f. Location (Street and Number or Rurel Route Number, City or Town, State)

JUNE 24,1996 30. Nama and address of person who completed ceuse of death (Itam 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

26. Place of Death (Check only one)

Other: 4 ☐ Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify)

28d. Describe how injury occurred

State Registrar 31. Date filed (Month, Day, Year) JUN 27 1996



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State of Maryland / Department of Health and Mental Hygiene Q &

Rockville,

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Funeral		5. Social Security N	1	ex 7 □M 2☑F	Age (In yrs. le	st birthdey) Yrs.	If Under Months	1 Yeer Deys	If Under 24 Hi	n. (Month, De		9. Birthp	plece (Stete or Foreigntry)
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"neturel", or items 23a or 28a-f show edical Examiner must be notified at	by	1 ☐ Never Marri 3 ☐∰Vidowed	ed 2 Married 4 Divorced	1 ☐ Yes 2 [If Yes, Give Yeer or Deter			I□ Yes 2	No XI	Specify:		Speci	fy:	Black
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State of Maryland / Department of Health and Mental Hygiene 96 207.27

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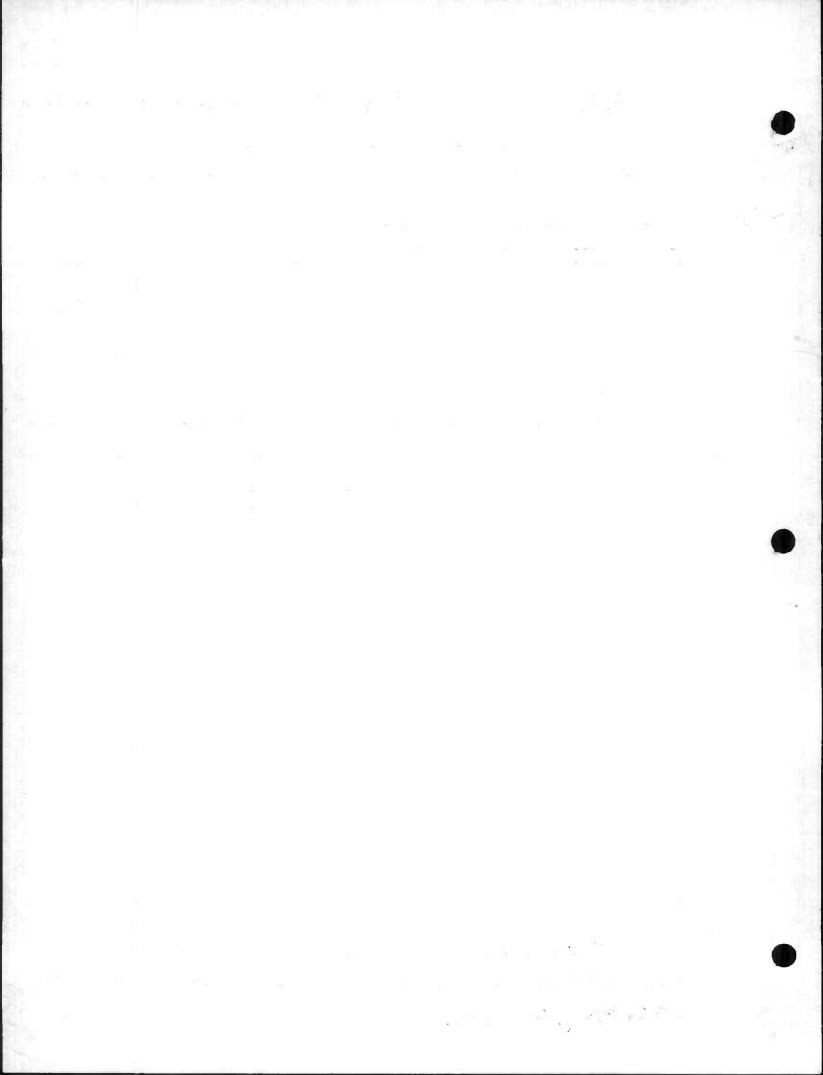
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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c event,	o Be	William S. Herbert	,					e Butler	, maiden Suman	10)	
	To	19a. Informant's Name/Relationship	(Type, Print)	15	9b. Mailing Ad	idress (Street	and Number or F	iural Route Numb	er, City or Town,	Stete, Zip Co	ode)
or other traum		Charles J. Herbert,	Jr.				rganza, Mar				
to l		20a. Method of Disposition	75	20b. Place cemet	of Disposition	Name of	ce)	Date	20c. Location -	City or Town	, State
11 o		1 ☑ Burial 2 ☐ Cremation 3 l 4 ☐ Donation 5 ☐ Other (Spec			s Memor		400	8/96	Leonardt	own. Ma	rvland
any injury or of once.		21-Signature of Funyary Service PTD	1×1	>	22. Na	me and Addre	ess of Facility	ama D A			
2 9		Michael K. Blank	enship				Funeral Ho		yland 2065	50	
ian		23a. Part1. Enter the disease, or cor shock, or heert feiture. List only				e mode of dyl	ng, such as cardie	ac or respiratory e	rrest,	0	pproximate tervel Between nset end Death
dical niner		Immediate Ceuse (Final disease or condition resulting in death)	a. Pu	IMO NAT	ey E	HOOM	im			1	30 MIN
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s the burief-transit	Examiner		U	Due to (or as			Arrest			1	"
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<u> </u>	edicai	Ceuse (Disease or Injury that Initiated events resulting in death) Last	v	Due to (or as a		-	1010-7	/ ///-	1),(01010		011 (3
× 1		resulting in death/ cast		GANGRE	some	APP	3 1017 5	2		10	Odun
Tor use es	lan		d					-			4,
detached fo	Physician/M	Part II. Other significant conditions	confributing to death be	ut not resulting	In the under	ying cause gi	ven in Part I.	23b. Dld	tobacco uae co	ntribute to th	e cause of death?
		ACU TE	Renn	FATLUR	Z ²			10	Yes 2 No	3 Probab	oly 4 🖰 Unknown
3	d by		REVINUE BIARS					24s Wee	an autopsy	24b. Ware	autopsy findings
pinous	Completed	BORDERUN	E BIAR	E160				perfo	med?	aveila	lible prior to liefion of cause
page 2	duo	PERTON	1715					10.	Yes 21 No		es 21110
or, po	Be C	25. Wes case referred to medical	(1/)				26 Place of De	eth (Check only o		101	es 213 NO
6	ToB	examiner? 1 ☐ Yes 2 ② No	Hospital:	nt 2 ER/0	Outpatienf 3	□ DOA Ott	200	Home 5□ Resi		er (Specify)	
ed .		27. Manner of Death 1 ☑Natural 5 ☐ Pending	28a. Dete of Injur (Month, Day	y Year) 28b	. Time of Injury	28c. Inju Wo		T	how Injury occur		
d in by the fu	Certification:	2 ☐ Accident Investigation	n		,		Yes 2 □ No				
6	E E	3 Sulcide 6 Could not lead to determine	28e. Pleca of Inju- building, etc	ury - Af home, c. (Specify)	ferm, street, f	actory, office		28f. Location (: City or To	Street and Numb wn, State)	er or Rural R	loute Number,
completely lined in by the funer	edical Ce	(Uneck only 2 Medical Exa	nyalclan: To the best of miner: On the basis of	examination a	ge, deeth occ	urred et the ti	me, date and plac	e, and due to the urred et the time,	cause(s) end me	nner es stete	ed. e cause(s)
completely filled	Med	one) 29b. Signature and title of certifler	and manner sta	ited.		29c. Licens	e number		29d. Date signe	d (Month De	v Veerl
8		and this or obtained	711	~							
	-	20. Name and add of		¬)	A (Trace Date)		34539		6.	25.9	6
		 Name and eddress of person who KHALID HUSAIN, 					rdtorm	MD 20650)		
	- 1										

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene 20730 Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Yeer 7:22AM HEN DECSON WILLIAM 6 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner -OF SILUER SPRINC HOSPITOL SILVERSPRING HOW CROSS MONT 5. Sociel Security Number if Under 1 Yaer If Under 24 Hrs.

Months Deys Hours Min. 9. Birthpleca (Stata or Foreign 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) **Funeral** X□M 2□F 225-14-4421 74 Director 17,1922 Usuel Rasidenca of Decedent death with the Maryland 10e State 10b. County 10c. City, Town or Location permit. Pagas 1 and 2 should be filed within 72 hours aftar daath with tha Marylan Departmant of Haathh and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Modical Examines mant be notified at 10d. Inside City Limits 1 Yes 2 □ No Director Wheaton Montgomery 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? USA Funeral 3428 Beret Lane 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 12. Was Decedent Ever In U,S. Armed Forces? 12 Yas 2 □ No If Yes, Giva Yaer or Detes: 14. Race - American Indien, Bleck, Whita, atc. 1 ☐ Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorcad Black 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elamentary/Secondery (0-12) Collaga (1-4or 5+) Carpenter/Cabinet Builder Self-Employed 18. Mothar's Nama (First, Middla, Meiden Sumeme) 17. Father's Neme (First, Middle, Last) Joseph Henderson Mollie Gerst 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Steta, Zip Code) Sallie L. Henderson-Wife 3428 Beret Lane Wheaton, Maryland 20906 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 XBuriel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Ft. Lincoln Cemetery 6-25 Brentwood, MD 21. Signature of Funerel Service Licenses 22 Neme and Address of Facility Marshall's Funeral Home, Inc. MAIO 9th St. N.W. Washington, DC 20011 23a. Rent1. Entar the disease, or complications that ceused the death. Do not anter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximata Interval Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Finel disaesa or condition resulting In deeth) PHEUMONIA - SEPSIS ASPIRATION 11 DAYS Examiner Examiner RIGHT PATUETAL INFARCU 2 MONTH attending physician and for use as the burial-transit Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of): SEVERCE HUPERCIENSION EDICS P.O. Box 68760, Physician/Medical Dua to (or es e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by I DOWEL OBSTRUGION 1 Yes 2 No 3 Probably 4 Unknown Susu Division of Vital Records, à 24b. Wera sutopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? 1 Yas 2 HNo 1 ☐ Yas 2 ☐ No To the Hospital or Attending Physician: within 24 hours aftar death.

To the Funersi Director: After this cartifice 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residenca 6 Othar (Specify) 1 Yes 2 No 1 Inpatiant 2 ER/Outpetient 3 DOA 28a. Dete of Injury (Month, Dey Year) Certification: 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Neturel 5 Pending 1 Yes 2 No Investigetion 2 Accident filled in by tha 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred et the time, dete end plece, and due to the causa(s) end mannar stated. 29a. Certifier 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) tunens 5 DO6959 33 Name and eddress of person who completed ceuse of deeth (ttem 23e) (Type, Print) MATCHNEZ, HILL CANE - POTOMAC HI DDEN වසිග NO -

MD. 2083

Registrar

31. Dete filed (Month, Dey, Year)

32. Registrar's Signatura

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מינים ליווים ודי וויים ודעוני	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	ertificate be exec	ing physician an	other traumat
	that the death o	ed by the attend	any injury, or
	he law requires	has been sign Dept. of Healt	T 23 shows
	G PHYSICIAN: T	er this certificate th with the Stat	arked, or ite
	OR ATTENDIN	DIRECTOR: After hours after dea	item 28 is m
	TO THE HOSPITAL	TO THE FUNERAL be filed within 72 I	IMPORTANT: If

3	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.) (
AME (First, Middle, Last)	2 DATE OF DEATH	

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. OECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH 3. TIME OF DEATH							
~	makel LouisHoopenaa		JUNE 25	S 96	1825 M					
	4. SOCIAL SECURITY NUMBER 5. SEX 3. AGE	(In yrs. lest birthday)	IF UNDER 1 YE		7. DATE OF BIRTN (Month, Day, Year)		NPLACE (State or Foreign			
		7 YRS.	MONTHS DA	YS HOURS MIN.	June 9, 1	919 Mar	yland			
	9e. FACILITY NAME (If not institution, give street end number)			WN OR LOCATION OF	DEATH	9c. COUNTY OF				
DIRECTOR	Washington County Hospital		Ha	gerstown		Washi	ngton			
EC	10s. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR L	OCATION			10d. INSIDE CITY			
10	Maryland Washington		Hager	agerstown 1 K yes 2						
AL	10e. STREET AND NUMBER		101. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY							
FUNERAL	248 Avon Road			21740 USA						
5	11. MARITAL STATUS 12. WAS DECEDENT EVER 1 Never Married 2 Married FORCES? 1 YES	IN U.S. ARMED	13. WAS	OECENDENT OF HISP	NIC ORIGIN? (Specify Yes	s or No- 14. RAC	E — American Indian, ik, White, alc.			
B	3 X Wildowed 4 Divorced IF YES, GIVE WAR OR	DATES		YES 2 NO Spec			Specify: white			
0	15. DECEDENT'S EDUCATION	16a. DECEDENT'S			16b, KIND OF BU	SINESS/INDUSTRY	WILLE			
E .	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done durin se retired.)	g most of working		Janess/Industry				
COMPLETED	12 0	housew	ife		her ow	n home				
8	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Malden		name)			
BE	William Adam Burger				Belle Burge					
2	George E. Hoopengardner, Jr.	196. MAJLING			Route Number, City or Tow		0			
	2	b. PLACE AND DATE imetery, crematory or c Rest Have	OF DISPOSITIO	N (Name of	1	CATION - City or To				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Kest nav	7	E AND ADDRESS OF F		gerstown	,Maryland			
	Seatto //	//	MIN	NICH FUNER	RAL HOME					
\vdash	23. PART i Enter the diseases or complications that cause	ed the death De	415	E.Wilson	Blvd., Hage	erstown,				
CERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition resulting in death) DUE TO (OR AS A CONSCIUENCE OF): Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
CE	(4)									
NA I	PART II. Other significant conditions contributing to death	but not resulting	in the ander	ying cause given in	Pert I. 24s. WAS AN PERFOR		. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
EDIC			wey	- The	1 PES V	NO NO	COMPLETION OF CAUSE OF DEATH?			
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN									
NA I	25. WAS CASE REFERGED TO MEDICAL	O CAUSE OF DEATH YES NO V UNCERTAIN 28. PLACE OF DEATH (Check only one)								
Sic	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Ou		OTHER:	Home 5 - Raaldenca	& Cother (Specific)					
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIM		INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED				
BY	1 Netural 5 Pending 2 Accident Investigation	, inc		YES 2 NO						
60	3 Suicide 6 Could not be 28e. PLACE OF INJUR building, etc. (Sp. 4 Nomicide #determined	Y — At home, larm, scify)	street, factory,	office	281. LOCATION (Street a City or Town, State)	and Number or Rural i	Route Number,			
	On- OFFICIAL A									
COMPLET	29a. CERTIFIER (Check only one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
BE C	296. SIGNATURE AND FITLE OF CENTIFIER			29c. LICENSE NU	MBER	29d. DATE SIGNED	(Month, Day, Year)			
10	1) Nilley			10/24	136	16-5	5-96			
	THE NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	1 27) (Type		5 Howa	ELLROAD	HAGBE	570W1			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIG	NATURE								
	JUN 2 6 1996 Jalia Student	eardents.K								

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** IDA MAE HERZIG June 24, 1996 12:45 PM 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 9244 Greenwood Lane Lanham Prince George's if Undar 24 Hrs. Hours Min. 5. Social Sacurity Number if Undar 1 Yaar 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthpiaca (Stata or Foreign Country) Days Months 1 □ M 2 🖾 F Yrs 579-14-2124 July 2, 1921 74 Maryland Usual Rasidance of Dacadant 10a. Stata 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☑ Yas 2 ☐ No MD Prince George's Riverdale Direct 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 6713 3rd Street 20737 U.S.A. Funeral 12. Was Dacedant Evar in U.S. Armed Forces? 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 11. Marital Sfatus 14. Race - Amarican Indian, Biack, Whita, afc 1 ☐ Yas 2 XNo If Yas, Giva Yaar or Datas: 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 2 ☑ No Specify: Specify Š 3 ☑ Widowed 4 ☐ Divorced White Completed 15. Decedant's Education (Spacify only highast grada complated) 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) Collega (1-4or 5+) Homemaker Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maldan Surnama) Be Clyde Ferris, Sr. Grace Butler 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Linda Breen / Daughter 9244 Greenwood Lane, Lanham, Maryland 20706 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Burial 2 In Cramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) Metropolitan Crematory 6/25/1996 Alexandria, Virginia 22. Nama and Addrass of Facility
Francis Gasch's Sons Funeral Home, P.A. 21. Signature of Funaral Signature 4739 Baltimore Avenue, Hyattsville, MD 20781 ear 23a. Part T. Entar tha disaasa or complications that caused the death shock, or heart failura. List only one cause on each line not antar tha mode of dying, such as cardiac or respiratory arrast, jonne, LUNG Immediata Causa (Final disaasa or condition rasulting in daath) Due to (or as a consequence of) Sequentially list conditions, if any, leading to immadiata cause. Entar Undarlying Causa (Disaasa or Injury Dua to (or as a consequence of) that initiated evants rasulting in death) Last Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No 24b. Ware autopsy findings available prior to complation of causa of death? 24a. Was an autopsy performed? 1 Yas 2 No 1 ☐ Yas 2 ☐ No 25. Was case referred to medical axaminar? 28. Place of Death (Check only ona) Hospital: 3ET No Other: 4☐ Nursing Homa 5 Rasidance 6 ☐ Othar (Specify) 1 ☐ Yas 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Natural 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 Suicida 28a. Piace of Injury - At homa, farm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and manner as stated.

2 Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and due to tha cause(s) and manner stated. 29a. Cartifian (Check only one) 29b. Signature and titla of certifian 29d. Data signed (Month, Day, Year)

State

/Medical

Funeral

Director

permit. Pagas 1 and 2 should be filed within 72 hours after death with the Maryland Department of Haelth and Mental Hygiens. Important: if item 27 is marked other than "natural", or items 23s or 28s-4 show any injury or other traumatic event, the Medical Examiner must be notified at once.

Physician

/Medical Examiner

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signed by the a d be detached f

peed has paga 2 carlificata

director.

After this funaral

requires that the death certificate be executed

P.O. Box 68760.

Division of Vital Records.

Attending Physician:

A Hospital or Atternative 24 hours after daath.

To the within 2 To the

Examiner

Physician/Medicai

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Completed

Be

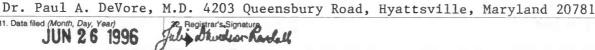
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Certification:

Medical complataly

Baltimore, Maryland 21215-0020

31. Data filed (Month, Day, Year) JUN 26 1996



30. Nama and addrass of person who completed causa of death (itam 23a) (Type, Print)

DHMH 16 Ray 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene

					Certificate of	f Death	1	Reg. No.	0 2013	3
П	Physic	ian	Decedant's Nama (First, Middle, Last)	/			2. Data of Dec	ath Day	3. Tima of Daar	h
	/Medi		John B H	CNSOX	/		June	24 199	6 5:25	PA
	Exami		4a. Eacility Nama (If not institution, give street and number	ber)	. ,	4b. City, Town, or			of Death	
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ı	Funeral Director	P	577-20-9599 ¹™ 2□F	. Aga (In yrs. last bi	Yrs. If Undar 1 Yaa Months Day			7. Year) - 1906	9. Birthplaca (Stata or For Country) CHarles COU	
	and *		Usual Residance of Dacedant 10a. Stata 10b. County	10c City Tox	wn or Location				10d. Inside City Lin	n le o
	Aanylen f ehow	ō	D.C. N/A						1X Yas 2	
	158 288	Director	10e. Street and Number	WAS	SHINGTON 10f. Zip Coda			10g. Citizen of V		
	3ª or	Ö	124 JEFFERSON ST. N	W	200	11				
	death	Funeral	11. Marital Status 12. Was Daced	ant Evar In U.S.	13. Was Dacedant of If Yas, specify Cu		Specify Yas or No-	U.S./	a - Amarican Indian,	
21215-0020	72 hours efter death with the Maryland "natural", or flerns 23a or 28a-f show edical Examiner must be notified at	by	1 ☐ Navar Married 2 M Married 1 ☐ Yas 2 1	X No	1 Yas, specify Cu		to Rican, atc.)	Specify	BLACK	
5-0	72 ho	ed	15. Decedant's Education (Specify only highast grada complated)	168	a. Decedant's Usual Occ	upation	rking	16b. Kind of Bu	usiness/industry	
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			12TH	1	MACHINIST				VATE	
and	d ala	Be	17. Fathar's Nama (First, Middla, Last) UNKNOWN			10.00	ma (First, Middla,	Maidan Sumam	ia)	
Maryland	공조 늘 설	70		140	h		KNOWN	0: -		
Ma	d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2 d 2		19a. Informant's Name/Ralationship (Type, Print)		b. Meiling Addrass <i>(Stre</i> d 124 JEFFE F	RSON ST.			D.C. 20011	
e,	of Health item 27 of other tra		RUTH HENSON (WIFE) 20a. Mathod of Disposition		of Disposition (Nama of ary, crematory or other p		Data P		City or Town, Stata	-
Baltimore,	Pege nent o int: if		1 Sturial 2 Cramation 3 Ramoval from St 4 Donation 5 Othar (Specify)	L INC	OL MEMORIA	\L	200	1996 St	JITLAND, MD.	
Ba	Departition of the control of the co		21. Signature of Funeral Service Licensee E. M. Du Dleu	V		NEV	KHU		.AND AV. , MD. 20712	
			23a. Part1. Entar tha disaasa, or complications that a shock, or haart failura. List only ona causa on	sed tha daath. Do	not antar tha moda of d	ylng, such as cardia	c or raspiratory ar	rast,	Approximata Interval Batween	
	Physician		2	-11-	10				Onsat and Death	
KŮ.	/Medical Examiner		Immediata Cause (Final disaasa or condition rasulting in death) a.	realing	V ma	ymong			4 cer	>
L		- a	. additing	Dua to (or as a	consaquance of):				701	
	nsit	rie Lie	b	_U -	1-1				Tier	D
-	el-tra	Examiner	Sequantially list conditions, if any, leading to immadiata causa. Entar Undartying Causa (Disaase or Injury c.	Dua to (or as a	consequence of):				tal.	
68760,	the death certificate be executed by the attending physician and ached for use es the buriel-transit		thet initiated events	enver	us				155	
68	ificat g phy es th	Medical	rasulting In death) Last	Dua to (or as a	consaquance of):					
Box	eath cert attendin		d							
	deatl	Physician/I	Part II. Other significant conditions contributing to deat	th but not resulting	in the undarlying causa o	ivan in Part I.	23b. Did t	obacco use cor	ntribute to the cause of dea	th?
P.0	by the	hy		•			101	res 20 No	3 Probably 4 Unkn	own
	gned be de	þ								
of Vital Records,	v requires thet the de been signed by the should be detached	e e					24a. Was	an autopsy med?	24b. Wara eutopsy finding available prior to)S
ec	2 8	Completed							completion of causa of daath?	
=	P S S	ပ္ပ					101	as No	1 ☐ Yas 2 ☐ No	
Vita	ysician: The s certificate director, peg	Be	25. Was casa rafarred to medical axaminer?				ath (Check only o	ne)		
of	5 00	2	1 Yas 20 No Hospital: 1 Inp		utpatient 3LI DOA		Homa 5 ☐ Rasid			
Ň	Affer funer	lon	TENTALUIGI DE TATIONES		Tima of 28c. Injury W		28d. Dascribe h	ow Injury occurr	ed	
Division	l or Attending after death. Director: After d in by the fune	Certification:	2 Accident Invastigation 3 Suicide 6 Could not be	Univers At home 6		☐Yas 2☐No	29f Location /6	Street and Mumb	er or Rural Routa Number,	
<u>S</u>	Or A Direct	ertit	4 Homicida datarmined 25a. Place of building	, atc. (Specify)	arm, straat, factory, office	9	City or Tow		er or nural nouta (vulliber,	
_	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral		29a. Certifier Certifying Physicien: To the be	est of my knowlado	a, daath occurred at the	time data and place	and due to the	ause(s) end ma	nnar as stated	
	P Fu	edicai	(Check only one) 2 Medical Examiner: On the basi and mannal	s of exemination ar	nd/or invastigation, in my	opinion, death occu	irrad at tha time,	date and placa,	end due to the cause(s)	
	To the within 2 To the comple	Σ	29b. Signatura and titla	Δ Δ	29c. Licer	nse number		29d. Data signed	d (Month, Day, Year)	
	(mount	UB A	Version)	-245	35	61	25196	
	151		30. Name end eddrass of person who complated cause of	of death (Itam 23e)	(Type, Print)			0/	2	
1	1		LAXMI N. BERWA	7700	old BA	-Auch	Ave. 6	-101	Cliston, M	1
	Sta		31. Data filad (Month, Day, Year) 32. Reg	istrar's Signature	1.0					
	Registr	ar	שול סבבו ומידוטט	the same and						

ALCO A COLOR DE LE COLOR DE LA COLOR DE LA CALLE SE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEDAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT CERTIFICATE		MENTAL HYGIEN		20104			
1. DECEDENT'S NAME (First, Middle, Last) Ruth House					AY 1996				
9a. FACILITY NAME (If not institution, give str	1 M 2 F		1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF D altimore Cit	7. DATE OF BIRTH (Month, Day, Year)	e. BIF	THPLACE (State or Foreign intry) CARD/INA			
Union Memorial I RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10b. STREET AND NUMBER 322 EAST 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Detvorced	0 or No- 14. R/	10d. INSIDE CITY LIMITS? 1 ☑ YES 2 □ NO F WHAT COUNTRY? ACE — American Indian, acc., Whita, etc.							
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	10 DOMESTIC WORKER PRIVATE								
MASON HI 19a. INFORMANT'S NAME (Type/Print) SANDRA	MASON HICKS FRANCES BLAKE 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street, and Number or Rural Poute Number, City or Town, State, Zip Code) 4/0 69+5 5t, SEAT PLEASANT ND-20								
20a. METHOD OF DISCOUTTION 1	oval from State cem	22. K	AN CREMATER NAME AND ADDRESS OF FO O BERT G	, MASON	FUNER	Town, State st NEST NA. 2235C DAL HOME			
IMMEDIATE CAUSE (Finel	List only one cause on e	ach ilna.	the mode of dying, suc	ch as cardled or reap	viratory arrest,	Approximate interval Between Onset and Destr			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Acute Neutropenia period Penia Due to (or as a consequence of): 5/P Che MD HOZAPY + Radia the rayry DUE TO (or as a consequence of): d. Small cell ca of Lungs									
A cute Renar fai lule 1 yes 2 10 AO						24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?									
	7. MANNER OF DEATH 28s. DATE OF INJURY (Month, Dey, Year) 28s. DATE OF INJURY (Month, Dey, Year) 28s. DATE OF INJURY (Month, Dey, Year) 28s. DATE OF INJURY (Month, Dey, Year) 28s. DATE OF INJURY WORK?								
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
ana)	CIAN: To the best of my know					se(a) and manner as stated.			
296. SIGNATURE AND TITLE OF CERTIFIER	296. SIGNATURE AND TITLE OF CERTIFIER				CENSE NUMBER 2438946 DATE SIGNED DUNE				
30. NAME AND ADDRESS OF PERSON WHO	4, MD, UNIO	N ME MORIAL	HOSPITAL, 28	BALTIMORE	E, MD ?	PKWY,			
31. DATE FILED (Month, Day, Year)		readall							

				State of M	aryland		partment of ertificate of	Health and f Death	Mental Hy	/giene	96 20735		
4	Physic /Medi		Decedent's Name (First, Middle, CHARLES BE	NJAMIN			Hugh		2. Dete of D	2 21,1	3. Time of Death 996 1720		
	Exami	ner	4e. Facility Name (If not Institution, PENINSULA REGIO			ER)	4b. City, Town, or SALISBU	Location of Dea JRY	th 4c County	SMICO		
	Funeral Director		5. Social Security Number 215–18–4708	5. Sex 7. Ag	ge (In yrs. lest	birthdey Yrs.	// If Under 1 Yee Months Dey			irth ey, Year) 5,1915	9. Birthplace (State or Foreign Country) MD •		
	ath with the Maryland 23s or 28s-f show ust be nothing at	ctor	Usual Residence of Decedent 10a. State 10b. County MD • WI COM	IICO	10c. City, T	own or I					10d. Inside City Limits 1 □ Yes 🏖 No		
	vith the	Director	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Country?		
120	hours after death with the Maryland ural; or items 23s or 28s-f show al Examiner must be notified at	by Funeral	28702 OCEAN GAT 11. Meritel Status 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. Wes Decadent Armed Forces?		13	2180. Was Decadent of If Yes, specify Cu 1□ Yes 2X N	Hispanic Origin? (ben, Mexican, Pue	Specify Yes or N rto Rican, etc.)	o- 14. Rac	S • A • ca - American Indien, ck, White, etc. y: WHITE		
1215-0020	filed within 72 hou Hyglene. ther than "natural int, the Medical E	Completed I	15. Decedent's (Specify only highest Elementery/Secondary (0-12) 1 2	Education	ARMY 1			upation e during most of wo red)	orking		usiness/industry		
land 2	d be antal	To Be Co	17. Father's Name (First, Middle, La V . V . HUGHES	-		P.	ARTNER		ame (First, Middle PUSEY	FARM E	QUIPMENT		
re, mary	s 1 and 2 shoul f Health and Me frem 27 is mark other traumeti	-	19a. Informant's Name/Relationship ELEANOR HUGHES — 20a. Method of Disposition		20b. Plac	2870	02 OCEAN	et end Number or F	SALISBU	JRY, MD.	21801		
paltimor	permit. Pages Department of I Important: If Ite any Injury or o once.		20a. Method of Disposition 1										
	Physician /Medical Examiner		BOUNDS FUNERAL HOME, 705 E. MAIN ST., SA 23st. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Immediate Cause (Final disease or condition resulting in death) Date to (or as a consequence of):										
50x 58/50,	h certificate be executed ending physician and r use as the burial-transit	an/Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	b	Due to (or as								
5	v requires that the death certifica been signed by the attending ph should be detached for use as the	y Physician/Med	Part II. Other significant conditions	s contributing to death b	ut not resultin	g In the	underlying ceuse (given in Part I.		l tobacco use co l Yes 2□ No	intribute to the cause of death?		
	The lavate has	Completed by							perl	s an autopsy formed?	24b. Were eutopsy findings available prior to completion of cause of death? 1 \(\text{Yes} \) 2 \(\text{No} \) No		
VILA	Physician: r this certific ral director,	Be	25. Was case referred to medical examiner?	Hospitel:			-7	ther.	eath (Check only				
	al cal	ation: To	1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending 2 Accident Investigat	28e. Date of Inju		Outpetle b. Time Injury	of 28c. Inj	4 LI Nursing		idence 6 Oth how Injury occur			
DIVISION	the Hospital or Attending F hin 24 hours after death. the Funeral Director: After mpletely filled in by the funer	Certification:	3 Suicide 6 Could no determine	building, et	c. (Specify)		treet, factory, office		City or To	own, Stete)	ber or Rural Route Number,		
	o the Hospital or thin 24 hours after the Funeral Direction	Medical	29a. Certifier (Check only one) 1 ☑ Certifying 2 ☐ Medicat Ex	Physician: To the best caminer: On the basis of end manner ste	examinetion	dge, dea end/or i	nvestigation, in my	time, dete end place opinion, death occ	ea, and due to the curred et the time	, dete and placa,	anner as stated. and due to the cause(s)		

15 1 K

State Registrar

George N. Galifianakis

30. Name end padress of person who completed cause of death (Item 23a) (Type, Print)

29b. Signeture and title of centil

D17686 6-23-96-306 Kay Ave., Salisbury, MD21801

29d. Date signed (Month, Dey, Year)



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96 2

20736

						Cer	illicate o	Dealli		Reg. No.		
	Physic /Medi		Decedant's Nema (First, Middle, I EDITH IF	ast) ENE	JOHN	SON			2. Dete of D Month June	Day	Yeer 1996	3. Time of Death 12:00 A.M
	Exami		4a. Facility Neme (If not institution, g St. Mary's Hosp		per)				n, or Location of Dea ardtown		y of Death Mary	s
	Funeral Director		5. Social Sacurity Number 234-40-5122	Sex 7. 1 □ M 2 ☑ F	Age (In yrs. las	st birthday) Yrs.	If Under 1 Yes Months Dey		Hrs. 8. Deta of Bi Min. (Month, D Aug 2	irth ay, Year) 1927		iaca (Stata or Foraign try) Virginia
	anyland show		Usuai Rasidance of Dacedant 10e. State 10b. County			Town or Loc						0d. Insida City Limits
	ith with the Marylan 23a or 28a-f show	Funeral Director	Maryland St. Mar 10e. Street end Number P.O. Box 566	ry's	Ca.	liforr	10f. Zip Code 2061			10g. Citizan of	What Coun	1 ☐ Yas 2 ☒ No
020	aftar das or items	by Funera	11. Maritel Status 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Wes Daceda Armed Force 1 Yas 2 If Yes, Giva Yaar or Data	as? □ X No	-	Ves Decedant of Yas, specify Co		n? (Specify Yas or N Puarto Ricen, atc.)	o- 14. Rai Bla Specif	ce - Americ ick, White,	etc.
21215-0020	should be filed within 72 hours nd Mantal Hygiana. marked other than "natural", umatic event, the Modical Exa	Completed	15. Decedant's (Spacify only highast g Elemantary/Secondary (0-12) 12th Grade	Education rada complated) Collega (1-4		16a. Deced (Giva I lifa. D		cupation na during most of ired)	of working	16b. Kind of B		fustry
Maryland 2	s 1 and 2 should be filed within f Health and Mantal Hygiana. Item 27 Is marked other than other traumatic event, the M	To Be Co	17. Father's Nama (First, Middla, Las Herbert	Rash		TIOTICI	TONCE		s Nama (First, Middle Lrude		me)	yles
	C/ 60 00 00		19a. Informent's Neme/Ralationship Dean Virgil John						or Rural Routa Numi Fornia, MI		, State, Zip	Code)
Baltimore,	Paga nant o nnt: If ury or		20a. Mathod of Disposition 1		cen	natary, cram	sition (Nama of natory or other p ans Ceme		Data 6/17/96	20c. Location Chelte		
Balt	permit. Pa Departman Important: any Injury once.		21. Signative of Funeral Service Lio	Land	line	22 N	Name and Add Matting	rass of Escility Ley-Gard x 270, I	diner Fune Leonardtow	eral Homo	e, P	A. 20650
	Physician /Medical Examiner	Examiner	23a. Party Enter the disease, or to shook or heart failura. List only Immediata Causa (Final disease or condition rasulting in daath) Seguantially list conditions.	a	Lonic	Re a consequ	val	, ,	lure		1	Approximeta Initarval Batween Onset and Deeth
ox 68760,	cartificata be axecuted nding physician and usa as tha burial-transit	n/Medical Ex	Sequantially list conditions, if any, leading to immediate ceuse. Entar Underlying Causa (Disaase or Injury that initiated avants rasulting in death) Lest	c	Dua to (or e	s e consequ	uance of):					
P.O. Bo	t the death by the atta	Physicial	Part II. Other significant conditions	contributing to deat	h but not result	ing In tha un	darlying ceuse	givan in Part I.		tobacco use co	ontributa to	the causa of death?
Records,	2 s C	Completed by								s an autopsy omed?	ava	ara autopsy findings aileble prior to npletion of causa death?
Vital R	Tha ata h	Be Com	25. Was cesa rafarred to medical	T				26 Place o	1 □	Yes 2 No	10	Yas 20 No
of V	2 00	To	exeminar? 1 ☐ Yas 2 No	Hospital:	atient 2 El	VOutpetient	3□ DOA	Whor	ing Home 5□ Res		har (Specifi	1)
Division o	eath. or: Aftar tha funa	Certification:	27. Mannar of Deeth Salorei 5 Panding 2 Accidant invastigati 3 Suicida 6 Could not	on be	Day Year)	8b. Tima of Injury		☐ Yes 2 ☐ No	>	how injury occur		
Div	To the Hospital or Attendi within 24 hours aftar death. To the Funeral Director: A complataly filled in by tha f		4 Homicida datamine	d 286. Plece of building.	, atc. (Specify)		et, factory, offic		City or To	(Street and Numi own, Stata)		
	To the Hospital within 24 hours of To the Funeral Completely filled	edical	29a. Certifier (Check only one) Certifying F 2 Medical Example	mysician: To the besi miner: On the besi and mannar	s of axaminatio	edge, death n and/or inv	astigation, in my	tima, data and y opinion, daath	piace, and dua to the occurred at tha tima	a cause(s) and m , deta and place,	annar as si and dua to	ated. tha ceuse(s)
	To the within 2 To the compla	M	29b. Signatura and title of certifiar		>		29c. Lice	nsa number	7	29d. Dete signe	ed (Month,	Day, Year)
	(6)		30. Name and address of pegan who James C. Bo	yd M.D.	of death (Itam 2	3a) (Type, F		onardto	wn, Md	1	1	
	Sta Registi		31. Data fliad (Month, Day, Yaar)	32. Reg	istrar's Signatur	e P						

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 20737 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** Month 96 06 Ollie B. Johnson 5:45am /Medical 4e. Fecility Neme (If not institution, give street end number) 4h City Town or Location of Deeth Examiner 4c. County of Deeth Prince George's Alligest of Southern Maryland Clinton If Under 24 Hrs. 8. Dete of Birth (Month, Dey, 5. Social Security Number if Under 1 Yeer 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1□M 210 F Months Deys 578-26-3423 90 Yrs. Director 03 Virginia Usual Residence of Decedent with the Maryland 10b. County 10c. City. Town or Location or items 23a or 28a-f show 10d. Inside City Limits event, the Medical Examiner must be notified at Director 1 Yes 2 No Maryland Prince George's Clinton 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20735 USA 9211 Stuart Lane Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐No If Yes, Give Year or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural; or ite any injury or other traumatic event, the Manical Estamina Bleck, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐XNo Specify: þ Specify: Black 3 □Widowed 4 □ Divorced Be Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Domestic Worker Private 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Mary McCray Alex Landrum 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Nancy Massie/Niece 20e. Method of Disposition 3412 Edwards Street, Springdale, MD 20774 20b. Plece of Disposition (Name of cometery, cremetory or other plece) 6/29 20c. Location - City or Town, State 1 ☐Burial 2 ☐ Cremetion 3 ☐ Removal from State Harmony Memorial 4 ☐ Donetion 5 ☐ Other (Specify) 1996 Landover, Md 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility J. B. Jenkins Funeral Home 7474 Landover Road, Landover, MD 20785 A. Percen 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical Metastelic carcinoma of the uterine cervix Examiner Due to (or es e consequence of): Physician/Medicai Examiner Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or injury thet initieted events resulting in death) Lest Due to (or es e consequence of): P.O. Box 68760. certificate be Due to (or es e consequence of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 1 No 3 Probably 4 Unknown Division of Vital Records, þ page 2 should Completed 24a. Wes en autopsy performed? 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? The law has certificate 20 NO 1 Yes 210 No Be 25. Wes case referred to medical exeminer? 26. Piece of Death (Check only one) Other: 4 Privileg Home 5 Residence 6 Other (Specify) 2 210 No 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Bills 27. Manner of Deeth 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred Affler Attending 1 Netural 5 Pending Investigation Injury 1 Yes 2 No death 2 Accident or Attand wher death Director: 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours at To the Funeral D 1 Lectifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, and due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the best of examination end/or investigation, in my opinion, deeth occurred et the time, date end pieca, end due to the cause(s) end menner stated. Medical (Check only 29b. Signature and title of certifier 29c. License number 29d, Dete signed (Month, Dey, Year) of death (flem 23e) (Type, Print)

State Registrar 31. Dete filed (Month, Day, Year)

32. Registrar's Signeture

when the same of t

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month 2:02 pm Jenkins June 1996 /Medical 4a. Facility Neme (ff not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner Washington Adventist Hospital Takoma Park Montgomery If Under 1 Year
Months Deys 5. Sociel Security Number If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Dey, Yee 09–18–50 7. Age (fn yrs. last birthday) 9. Birthpiece (State or Foreign Country) New York **Funeral** 1 XM 2 ☐ F 088-42-3281 45 Director Usuai Residence of Decedent permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Depertment of Heelih and Mentel thygiene. Important: if item 27 ie marked other than "natural" or the many injury or other traumetic event 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Washington DC N/A N/A Director NOYes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 20011 220 Allison Street NW USA Funeral 12. Was Decedent Ever in U,S Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck. White, etc. 1 Never Married 2X Married 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: **Black** 1 ☐ Yes 2 XNo Specify: Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Government 12th Police Officer 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Robert C. Jenkins Ellen Smalls 19e. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Valda Jenkins/Wife 1902 Powhatan Road, Hyattsville MD 20782 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Burial 2 Cremetion 3 Removei from Stete 6/29/96 4 ☐ Donetion 5 ☐ Other (Specify) Harmony Memorial Park Landover MD 21. Signeture of Funerei Service Licensee 22. Neme end Address of Fecility J. B. Jenkins Funeral Home Nanoy A. Percentu 7474 Landover Road, Landover MD 20785 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear feilure. List only one cause on each line. Approximete tntervei Between Onset end Death **Physician** /Medical Immediete Cause (Finel disease or condition resulting in deeth) Examiner Examiner Hospital or Attending Physician: The law requires that the death certificete be executed 24 hours after death.

Funeral Director: After this certificate has been signed by the attending physician and Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury thet initiated events resulting in deeth) Lest and Box 68760. the attending physician Physician/Medical P.O. I Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by an creatitis 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. þ Completed 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? 2 No Be 25. Wes case referred to medical 28. Piace of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Certification: 27. Mannet of Deeth 28h Time of Dete of injury (Month, Dev Year) 28d. Describe how injury occurred 28c. Injury at Work? 1 Naturai 5 Pending 1 Yes 2 No investigation 2 Accident filled in by the 3 ☐ Suicide 6 Could not be 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital of within 24 hours af To the Funeral D completely filled i Detailing Physician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the cause(s) and manner as stated.

Medical Examiner: On the basis of exemination end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s) end menner steted. Medical 29a. Certifier (Check only one) 29b. Signeture end title of cartifier 29c. License number 29d. Dete signed (Month, Dey, Yeer) June 26, 1996 7610 CARROLL AVENUE, TAKOMA PARK, MD 20912 31. Dete filed (Month, Dey, Year) **State** JUN 27 1996 Registrar

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Dete of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death Dev Month **Physician** Kevin Christopher 17, 1996 Joiner 1:58 AM June /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Frederi I-70 Eastbound Frederick CK If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Sociel Security Number 7. Age (In yrs. iest birthday) Birthplece (State or Foreign Country) **Funeral** Min. Deys Months 1 X M 2 □ F Yrs. 9 425-63-3682 Director July 17, 1986 Mississippi Usuel Residence of Decedent with the Maryland 10e Stete 10b County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or itema 23a or 28a-f show the Medical Examiner must be notified at Mississippi Jackson County Director Gautier 1 Yes 2 No 10g. Citizen of Whet Country? United States 10e. Street and Number 10f. Zin Code 39553 1818 Pat's Drive of America daath Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 14. Rece - American Indien, Bleck, White, etc. hours after 1 ☐ Yes 2 🗓 No If Yes, Give 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Specify. Àq 3 Widowed 4 Divorced Yeer or Detes: Black Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry filed within 7 Hygiana. other than "n Elementery/Secondery (0-12) College (1-4or 5+) Student Elementary School other i permit. Pages 1 and 2 should be filk Department of Haalth and Mental Hy Important: If Item 27 is marked other any Injury or other traumatic events 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Al Joiner Debora Harris 2 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Al Joiner - Father 1818 Pat's Drive Gautier, MS 20b. Pleca of Disposition (Name of 20e. Method of Disposition Date 20c. Location - City or Town, Stete cemetery, crematory or other place) 1 Buriel 2 □ Cremetion 3 □ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Machpelah Cemetery 6-22-96 Pascagoula, MS 22. Name end Address of Fecility Holder-Wells Funeral Home, Inc. of Funerel Service Licensee # M00690 21. Signal ousen 4007 Main Street Moss Point, MS 39563 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete tntervel Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Finel Head and Neck Injuries diseese or condition resulting in deeth) Examiner Due to (or es e consequence of): Examiner burial-transit be axecuted Sequentielly list conditione, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last and Due to (or es e consequence of): Box 68760, attending physician for usa as the buria Physician/Medical requires that the death cartificate Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? P.O. signed by 1 Yes 2 No 3 Probably 4 Unknown Records, by should t 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed paga 2 cartificate has The 1 N Yes 2 No 1 X Yes 2 □ No Division of Vital I or Attending Physician: aftar death. Director: After this cartifica director, 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 MOther (Specify) Roadway 2 1 XYes 2 No funaral 26a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: tnjury 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No Investigetion Passenger Auto Auto Collision 6/17/1996 2 X Accident Unknown 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Pieca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) In by 4 Homicide Roadway Interstate- 70 Pell 24 hours a Hospital 29a. Certifier 1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end manner es steted. Medical plataly (Check only one) 2XX Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and place stated. To the To the To the I 29c. License number 29d. Dete signed (Month, Day, Year) 29b. Signeture end title of certifier 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) avia Ow 111 Penn Street, Baltimore, MD 21201 31. Dete filed (Mop State

Registrar

State of Maryland / Department of Health and Mental Hygiene 96 20740

						Ce	rtificate of	f Death		Reg. No.		20140
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			PHYSICIANS MEMORI	AL HOSPITAL				LAPLATA		CHARL	ES	
	neral ector		5. Sociel Security Number 224–32–0735	6. Sex 1 □ M 2 😿 F	7. Age (In yrs. 70	lest birthday) Yrs.	Months Dey		8. Dete of Bi	rth Year 1925	9. Birth	plece (Stete or Foreign RGINIA
put		- 1-	Usuel Residence of Decedent 10e. Stete 10b. Count	v	10c Cit	y, Town or Lo	ocation					10d Incide City I Imite
fanyla	sait be notified at		MARYLAND CHAR		700.00					*		10d. Inside City Limits 1 ☐ Yes 2 🙀 No
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Z I Z I D-UUZU d within 72 hours af giene. rr then "natural". or	Medical	Completed	15. Decede	nt's Education est grade completed)		16e. Dece	dent's Usuel Occi	upation e during most of wo	akina	16b. Kind of E		
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t. Pertant	jury	-	4 Donetion 5 Other (IRI			GARDENS,			WALDO	DRF, MD
permit. Peg Department	any ir		21. Signature of Funerel Service MGB MARK G. BR	HAWN ham	M 00053			FUNERAL 56, WALDO			604	
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requiras een sign	P P	אַ מ			00 6	1			24a. Was	en eutopsy	24b. W	ere eutopsy findings
1 - 1	should	Completed							perf	ormed?	CO	veileble prior to empletion of causi deeth?
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ician: The	g		25. Wes case referred to medica	l l				OC Diseased De			11	Yes 21/2 No
Physician: this certific		0 20	examiner? 1 ☐ Yes 2 ☑ No	Hospital:	patient 2	ER/Outpetier	nt 3□ DOA O	ther	eth <i>(Check only</i> Home 5 Res		has (Canal	4.0
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or Attending after death. Director: After	lin by th	Certification:	3 Suicide 6 Could determ		ome, ferm, sti	reet, factory, office	Э		(Street end Num wn, Stete)	ber or Rura	al Route Number,	
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			1/11/20	n - jeu	00,	,	D-210	J3 I		1121	16	

State Registrar

30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)

LEATHERWOOD, MICHEAL, MD WALDORF MEDICAL PARK P.O. BOX 249 WALDORF MD 20604-0249

1. Dete filed (Month, Day, Year) 3 1996 32. Registrate Signature Revolution Revolution.

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State of Maryland / Department of Health and Mental Hygiene

			C	ertificate of Death	Reg. I	40.	0/41
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	/Medi		Alice Pauline	JENNINGS		16 1996	1122
	Exami		4a. Facility Nama (If not Institution, giva straat and number)	4b. City, Town, or Lo	cation of Death	tc. County of Death	
			Washington County Hospital	Hagerst	own	Washingt	
	Funeral Director		5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthof 218 - 62 - 9053 To M 2015 S Yrs Usual Rasidence of Dacedant	Months Days Hours Min	8. Data of Birth (Month, Day, Yes July 30,	9. Birthpi Count 1910 Ma	laca (Stata or Foraign try) ryland
	dand dand		10a. Stata 10b. County 10c. City, Town o	r Location		10	0d. Insida City Limits
	the Maryland	ţ	Md. Washington Knoxvi	110			1 ☐ Yas 2 ☐ No
	ith the	Director	10e. Street and Number	10f. Zip Coda	10g. (Citizan of What Count	try?
	23a c	alD	1726 Reed Rd.	21758		U. S. A.	
5-0020	72 hours after death with the Maryland natural, or items 23s or 28s-1 show dical Examiner mest be notified as	by Funeral	11. Marital Status 1 □ Navar Married 2 □ Married 3 □ Moded 4 □ Divorced 12. Was Decedant Evar In U,S. Armed Forcas? 1 □ Yas 2 □ No If Yas, Giva Yaar or Datas:	3. Was Decedant of Hispanic Origin? (Speif Yas, specify Cuban, Maxican, Puarto 1 ☐ Yas 2 ☐ XNo Specify:	ecify Yas or No- Rican, atc.)	14. Race - Americe Black, White, a Specify: Wh	
2-0	72 hours natural',	Completed	15. Decedant's Education (Specify only highast grade completed) (G	ecedant's Usual Occupation iva kind of work dona during most of worki	. 16b.	Kind of Business/Ind	lustry
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Ma	d 2 sh h end h sm 7 is m traum			ailing Addrass (Street and Number or Rura			
	of Health Item 27		Gerald L. Jennings/ Son 200b. Place of Di	450 Boteler Rd. Brown sposition (Nama of crematory or other place)		Md. 21715 Location - City or Tox	
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===	emit. Page Department omportant: if iny injury or		4 Donation 5 Other (Specify) ST. 21. Signature of Funeral Service Licensee	Luke's Cemetery (22. Nama and Addrass of Facility			
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or vital	Physician: this certific ral director,	Be C	25. Was casa referred to medical axaminar? 1 Yas 2 No Hospitai: 1 Hospitai: 2 FB/Outpe	28. Placa of Death			
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	To the Heapltal or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.	edicai (29a. Certifiar (Check only one) 1 Certifying Physician: To the best of my knowledge, de constant on the basis of axamination and/or and mannar stated.	aath occurred at tha tima, data and place, a r Invastigation, In my opinion, daath occurre	and dua to tha causa ed at tha tima, data a	(s) and mannar as stand dua to	ated. tha ceusa(s)
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State of Maryland / Department of Health and Mental Hygiene 96 20742

			Ce	ertificate of	Death		Reg. No.					
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Maryland f show lbd.mt	Usual Rasidence of Decadant 10a. State 10b. County Maryland Prince	George's	10c. City, Town or I	Location R	iverdale		Ā	100	d. Inside City Limits			
th with the Mar 23s or 28s-1 st vst be notified	10e. Street end Number 5111 Trinida	d Street		10f. Zip Coda	20737		10g. Citizen of V	Vhet Countr	ÀS			
ter dea	11. Marital Status 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 Yas 2 1 It Yes, Give Year or Datas:	Ever in U,S. 13	. Was Decedent of It Yes, specify Cu 1 ☐ Yes 2 ☐ No		(Specify Yes or No- erto Rican, atc.)		e - Amarica k, White, at	tc.			
121 within na. han	15. Decedant's (Specify only highest g	Education rede completed) Collega (1-4or 5	(Giv life.	edent's Usual Occure kind of work done DO NOT use retire	e during most of w ed)		16b. Kind ot Bu					
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Balt permit Depart Import any Inj once.	21. Signeture of Funerel Service Lice Nancy A. P.	1 /			nkins Fu	neral Hor		20785				
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To the Hospital within 24 hours of bompletaly filled Medical Ce	29a. Certifier (Check only one) 1☐ Certifying Phyeicien: To the best of my knowledga, deeth occurred at tha tima, deta end placa, and dua to tha cause(s) end mannar as stated. 2☐ Medical Examiner: On the basis of exemination end/or investigation, in my opinion, deeth occurred at the time, dete end place, and dua to the ceuse(s) end menner steted. 29b. Signature and tiling cartifier 29c. License number 29d. Date signed (Month, Dey, Year)											
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Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** 4:15 Aug THEODOSP R. 6 /Medical 4a. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Livingston Health Care Facility Prince George's Washington If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) Birthpiece (State or Foreign Country) **Funeral** 1€M 2□F 79 Director 212-12-4119 Washington, DC Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 1 Yes 2 □ No Directo Prince George's Maryland Fort Washington 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? permit. Pages 1 and 2 should be filed within 72 hours efter death with a Depertment of Heelth end Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23a or any injury or other traumstic event, the Medical Examinations. 1510 Monroe Ct. 20744 USA Funeral 11. Maritei Status 12. Wes Decedent Ever in U.S. Wes Decedent of Hispenic Orlgin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indlen, Bieck, White, etc. Armed Forces?

1 Yes 2 XXI
If Yes, Give
Year or Dates: 1 Never Married Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: à 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 18b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Employee Development Officer 12th Federal Government 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumame) Be John Marshall King Amelia Dornton 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) JoAnne S. King/ Wife 1510 Monroe Ct. Fort Washington, Md. 20744 20b. Plece of Disposition (Name of cometery, cramatory or other place) 20e. Method of Disposition 20c. Location - City or Town, State Dete 1 XBuriai 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Ft. Lincoln Cemetery 6-28-96 Brentwood, Maryland 22. Neme end Address of Fecility George P. Kalas Funeral Home 21. Signeture of Funeral Service Licensee 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** ceresial vacular Accident /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or es e consequence of): Examiner physician end s the buriel-trensit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Records, P.O. Box 68760. Physician/Medical Due to (or es e consequence of): 98 signed by the at d be detached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contributs to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown P 24b. Were autopsy findings evaileble prior to completion of cause of deeth? 24a. Wes an eutopsy performed? Completed hes 1 Yes 20 No 1 ☐ Yes 2 ☐ No certificate Division of Vital or Attending Physician: efter death. Director: After this certifica 25. Was case referred to medical Be 28. Place of Deeth (Check only one) Other: 42 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No funeral 28e. Dete of injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: 1 Natural 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No investigetion 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) pletely filled In by 4 Homicide Hospital
 24 hours e
 Funerei 🙀 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. 29e. Certifier Medical 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. (Check only one) Tathe Prother 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) dame D35206

Registrar

William T-TANNSE 32. Registrers Signature

MIT.

11701 Livingster Road Fort WASHington and.

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

31. Dete filed (Month, Day, Year)
JUN 26 1996

of the same of the

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene AMENDED ITEM # 14 20744 Certificate of Death 06/27/96 PJS 1. Decedent's Nama (First, Middle, Last) 3. Tima of Death 2. Deta of Death Month **Physician** orence 96 260 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner UMMS Ba Itimane If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) Sax 1 M 2 D 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) Social Sacurity Number 6. Sax **Funeral** 92026318 Yrs. Director Usuel Residence of Deceda 10e. Stete 10b. County 10c. City_Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at O CO MOKE Director MI 1 ☐ Yes 2 ☐ No 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? terms 23a or u Funeral 12. Was Decedent Ever In U,S. Armed Forces? Was Dacedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Ricen, etc.) 14. Race - American Indian. 11. Marital Status Black, Whita, atc. filed within 72 hours efter 1 ☐ Yes 2 ☑ No If Yes, Give White 1 ☐ Never Merried 2 ☐ Married altimore, Maryland 21215-0020 'netural', or unka 1 ☐ Yes 2 ☑ No Specify: unk à 3 Widowed 4 ☐ Divorced Yaar or Dates: Completed 16e. Decedent's Usuel Occupetion (Giva kind of work dona during most of working lite. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) BOOKKEEPING FOUNDRY 12 17. Father's Neme (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Peges 1 and 2 should be nent of Heaith end Mentel is marked CECIE WILLIAM J. PAYNE 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Routa Number, City or Town, State, Zip Code) permit. Peges 1 and 2.
Department of Health el
Important: If item 27 is
any injury or other trau 315 N. PARK DR., SALISBURY, MD. 21804 FRANCES TINDALL-NIECE 20b. Plece of Disposition (Name of 20e. Method of Disposition Dete 20c. Location - City or Town, Stata cemetery, cremetory or other piece) 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion, 5 ☐ Othar (Specify) 6/27 CAMBRIDGE, MD. CAMBRIDGE CREMATORY 21. Signature of Funaral Service Licensee 22. Name end Address of Fecility BOUNDS FUNERAL HOME, 705 E. MAIN ST., SALISBURY, MD. Pert1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth **Physician** End Stage Liver DZ / Failine / Rend of to (or as a consequence of): /Medical Immediata Cause (Finel diseese or condition resulting in deeth) Examiner Physician/Medical Examiner The law requires that the death certificate be axecuted Sequentially list conditions, if eny, laading to immediata ceuse. Enter Underlying Cause (Disease or Injury that initiated events attending physician end for use as the burial-tran Box 68760, alla thet initieted events resulting in deeth) Lest Due to (or as e consequence of): P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 4 Junknown 1 ☐ Yes 2 ☐ No 3 Probably signed b Records, þ cate has been signated; 24b. Ware eutopsy findings available prior to Be Completed 24e. Wes en autopsy performed? completion of cause of deeth? Is certificate b 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: 25. Wes cese referred to medical exeminer? 26. Place of Death (Check only one) Other: 4 Nursing Home ne Hospital or Attenumanin 24 hours after death.
the Funeral Director: After this of 1 Yes 2 No 1 Inpatient Certification: To 2 ER/Outpatient 3 DOA Rasidence 6 Other (Specify) 28c. Injury at Work? 27. Manger of Deeth 28b. Time of 28d. Describe how Injury occurred Neturel 5 Pending investigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be 3 ☐ Suicide Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide edical 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and manner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner steted. 29e. Certifiar within 24 ho To the Fune completely f (Check only

the

State Registrar 31. Dete filed (Month, Day, Year)

29b. Signatura and title of certifian

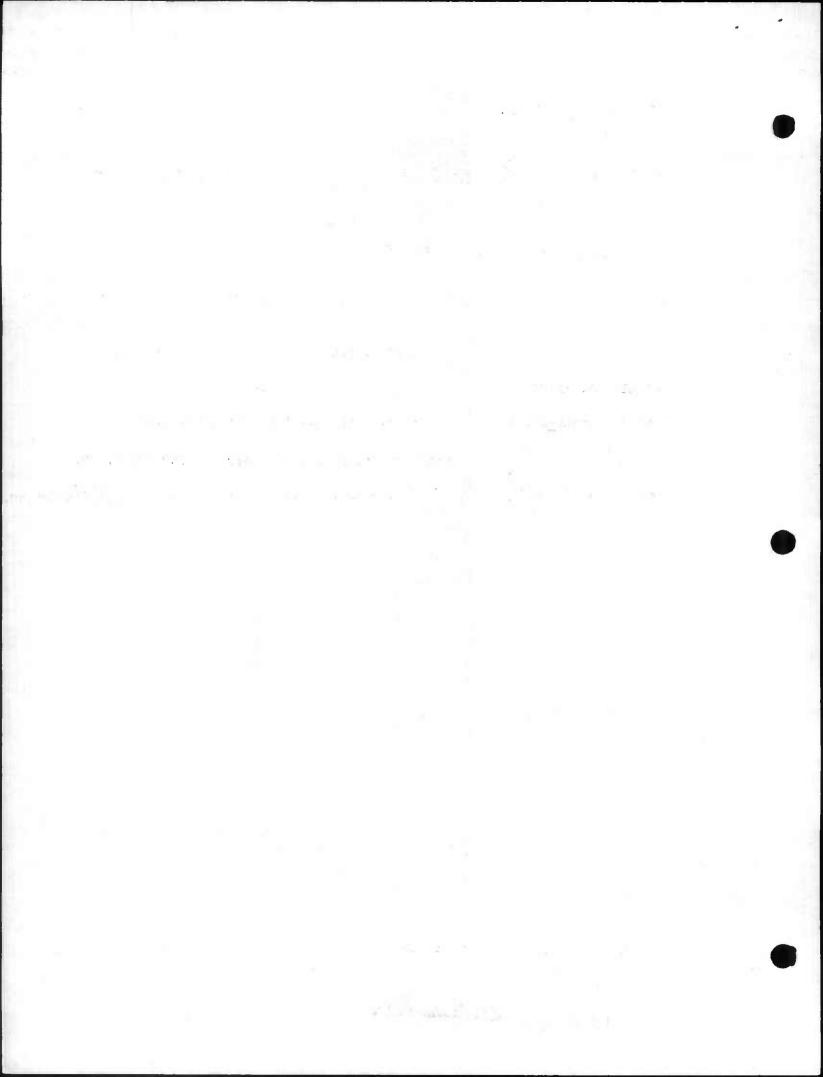
32. Registrer's Signature John Dhurdson Rardell JUN 2 7 1996

30. Name end address of person who completed ceuse of deeth (Item 23a) (Type, Print)

29c. License number

29d. Data signed (Month, Day, Year)

DHMH 16 Rev 6/95



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within 24 hours after dea	
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VOING PHYSICIAN: The law requires t	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If liem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

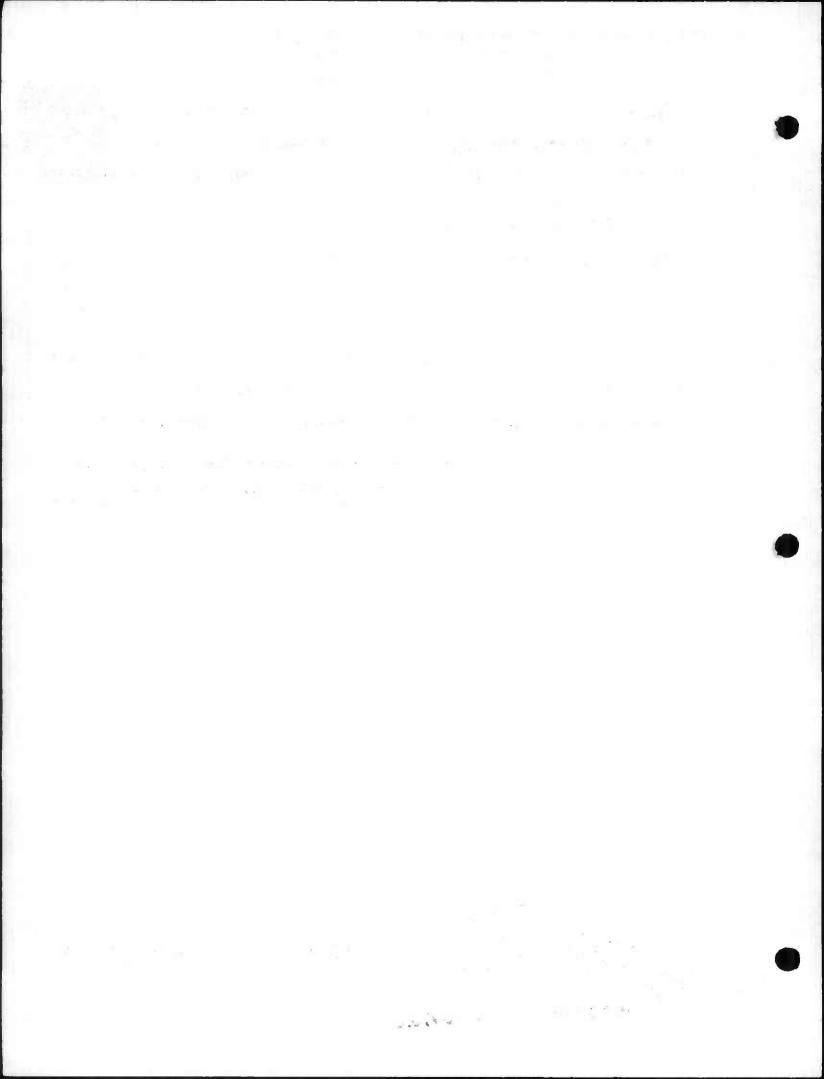
STATE	0F	MARYLAND	/ DEPAR	TMENT	0F	HEALTH	AND	MENTAL	HYG	IENI
		C	ERTIF	CATE	OI	F DEAT	H		REG	NO

FOR STATE REGISTRAR	5	STATE OF MARYLA				OF HEALTH AND	MENTA	L HYGIEN	E	U	20140
1. DECEDENT'S NAME (First	, Middle, Last)							E OF DEATH			3. TIME OF DEATH
Stanley		Kotz					Jur		199	YEAR 6	4:00 P.M.M
4. SOCIAL SECURITY NUME	DER 5.		n yrs. last		IF UNDER t		7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or Foreign
382 18 046	8	M 2 F 75	· · · · · · · · · · · · · · · · · · ·	YRS.		DAYS HOURS MIN.	Fel	22,1	921	Ohi	0
Anne Arunde	1 Medica					nnapolis	DEATH				unde1
RESIDENCE OF DEC	10b. COUNTY			10c. CITY,	TOWN OR	LOCATION					10d. INSIDE CITY
Maryland	Prince	George's		Bow	rie	101. ZIP CODE			44- 61717		LIMITS?
4910 Rocki	noham La	ine				20715					States
11. MARITAL STATUS		. WAS DECEDENT EVER IN			13. WA	S DECENDENT OF HISE	PANIC ORIG	IN? (Specify Yes		14. RACI	E American Indian.
1 Never Married XX 3 Dive	A 4 (4) (2) (2)	FORCES? THE YES IF YES, GIVE WAR OR DA	2 NO		- If 3	rea, specify Cuban, Max YES 2 NO Spe	Ican, Puerto			Spec	k, White, etc.
15. DEC (Specify on	CEDENT'S EDUCATI	ON apleted)	(Giv		ISUAL OCC	UPATION ring most of working	16	b. KIND OF BUS	INESS/INDI	JSTRY	
Elementary/Secondary (4	0-12) C	college (1-4 or 5 +)				Officer		U.S. N	avv		
17. FATHER'S NAME (First, M	fiddle, Last)						NAME (First,	Middle, Malden			
John Koc						Mary A	nn P	rejs			
19a, INFORMANT'S NAME (Type/Print)		19b.	MAILING /	ADDRESS (Street and Number or Run	al Route Nu	mber, City or Tow	n, State, Zip	Code)	
Evelyn Kotz	₩.	Vife	49	910 R	locki:	ngham Lane	Bow	ie Mary	land	207	15
20a. METHOD OF DISPOSIT	on 3 🗆 Removal	from State 20b.	PLACE A	ND DATE OF	POISPOSITI	onal Cemet	erv	TE 20c. LO	cation – c	ngt	own, State on Virginia
21. SIGNATURE OF FUNERA	L SERVICE LICENS				22. N/	ME AND ADDRESS OF	FACILITY			- 10	
ROLLO	t 6	C/F100	1),.		bert E. Ev 000 Annapo				-	
23. PART I. Enter the dehock, or fill immediate CAUSE (fill disease or condition resulting in death) Sequentially list condition and it is any, leading to immediate. Enter UNDERLY CAUSE (Disease or Injust initiated events resulting in death) LAS	tions, date ling c	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A COPD	CONSEO	UENCE OF	il w	Pajw					Approximate Interval Between Onset and Death 96 has 100 yes
PART II. Other eignifica	ent conditione c	contributing to deeth b	ut not re	euiting in	1 the und	erlying ceuse given	in Part i.	24s. WAS AN PERFOF	RMED?	248	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
		BUTE TO CAUSE O			- 25	O UNCERTA	AIN 🗆				
25. WAS CASE REFERRED TEXAMINER?	Н	QŞPITAL:			OTHER:						
1 YES 2 100	1	28a. DATE OF INJURY	atient 3	DOA 28b. TIME	7	8c. INJURY AT	-	her (Specify) ESCRIBE HOW I	N'IIIBA UC.	TIRED	
1 Netural 5	Pending Investigation	(Month, Day, Year)		INJU	M M	WORK?	200.0			31120	
2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28s. PLACE OF INJURY building, atc. (Spec	— Al hor	na, farm, si	treel, factor	y, office	281. LC	OCATION (Street by or Town, State)	and Number	or Rural	Route Number,
one)		N: To the bast of my know									a) and manner as stated.
296, SIGNATURE AND TITL	1 1					29c. LICENSE I					
(Trus	1.11					17512	70		▶ /	/> ;	(Month, Day, Year)
30. NAME AND ADDRESS C	OF PERSON WHO C	COMPLETED CAUSE OF DE	ATH (ITEN	27) (Type,	Print)	17360	/ / &		6	1 < 5	176
STEVEN 1 31. DATE FILED (Month, Day	till Eu	900 BE	sta		old.	Suite 3	00,	Anna	polis	M	1041561
JUN 26		Julia dudier	Red	M						,	

all New March

State of Maryland / Department of Health and Mental Hygiene Q &

					Olale C	n warylan		tificate o	f Death	vieritai i i	Reg. No	20	20	146
T.	Physici		1. Decedent's Nama (F	First, Middle, La	st)	/	AMR			2. Data of Do				ma of Death
?	/Medid		4e. Facility Nama (If no	t Institution, giv	e street and nu	mber)	7/1D_		4b. City, Town, or L	JUNE ocation of Dea	th 40	County of Dea	-	, 30
	CXallill	iei	Washington						Takoma P	ark		Montgom		
	Funeral		5. Social Sacurity Numi	ber 6. S	ex	7. Age (In yrs.	last birthday)	If Under 1 Yes	ar if Under 24 Hrs.	8. Data of Bi (Month, D			thpiace (S	tate or Foreign
	Director		577-34-043 Usuel Residence of De	5 /	□M 2⊠F	68	Yrs.	Working Dey	Hours Min.	Feb. 2	24, 1	928 Pen	ountry) INSY IV	vania
o o	show		10a. Stata 10	b. County		10c. City	y, Town or Loc	ation					10d. insi	de City Limits
mit the Manufacture	r 28a-f show	cto	MD F	rince (George'	s Hya	attsv i l	.1e					1 🛭	Yes 2□No
the state of the s	or 28	ire	10a, Street end Numbe	r				10f. Zip Code	1		10g. Ci	tizen of What C	ountry?	
4	8	ra	3915 Oglet	horpe S	Street			207	782		U	S.A.		
21215-0020	or its	by Funeral Director	11. Marital Status 1 ☐ Navar Marriad 3 ☑ Widowed 4 ☐		12. Wes Dec Armed Fo 1 Tes If Yas, Gi Yeer or D	va		/as Decedant o Yas, specify Co □ Yas 25th N	f Hispanic Origin? (Si uban, Maxican, Puart o Specify:	pecify Yes or N o Rican, atc.)	0-	14. Race - Am Black, Whi Specify:		
5-0	natural	Completed	15. (Specify)	Decedant's Ed	de complete di		16a, Deced	ant's Usual Occ	supation ne during most of work red)	kina	16b. K	(ind of Business	/Industry	
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ō :	tem other		20a. Method of Disposit			20b. P	lace of Dispos	ition (Name of		Date		ocation - City or		ıta
Baltimore	ment or ant: If it		150 Buriel 2 □ C 4 □ Donation 5 □	remation 3 Other (Specif)	Removal from	51010		t Cemet	110(110)	25, 1996	Was	hington	, D.C	3.
Ball	Depart Import any in		21. Signature of Funda	Sprvid Licer	see	1	Fr		Sasch's So			-		
			28a. Part1. Enter the di shock, or heart fa	isease or com	plications that of	absed the Beat			imore Ave			ville,)781 ximata
	hysician /Medical xaminer	iner	Immediate Cause (Fini disease or condition resulting in death)	al .	. R	Joue to (o	uze ras a consequ	Jence of G	Eden	ic a	0	rta:	Oliset A	and Death
68760,	g physician and as the bural-trans	fedical Examiner	Sequentially list condition if any, leading to immediate. Enter Underlying Cause (Disease or trip that initiated events resulting in death) Last	y	. 0	4 4	as a consequ	rence of:	Lux	and	Me	tata	ei,	4
Вох	attendin for use	N/U		-	4 5	10)re	1 A	000	Hemelo	12 cca	0	- Jones	-)
	the atte	sicie	Part II. Other significan	nt conditions o	ontributing to d	eath but not resu	ulting in the un	derlying cause	given in Part f.	23b. Did	tobacco	o use contribut	s to the ca	use of death?
s, P.O.	gried by Se detail	Completed by Physician/M	stat	us f	Pos	f G	zn	asy	Btfa	10	Yes :	2□ No 3□ F	Probably	45) Unknown
Division of Vital Records,	peed	pleted		/						24a. Wa perf	s an auto ormed?	opsy 24b.	available p	opey findings prior to n of sause
œ 2	certificate has rector, page 2	MO.							-	10	Yes 2	TNo	1 ☐ Yes	2 No
/Ita	artific ottor,	Be	25. Was case referred examiner?	to medical	on Exercise (III)				26. Place of Dea	th (Check only	one/			
Of Physics	This or	2	1□Yes 200No				ER/Outpatient	3EL DOW				6 □Other (Spe	scify)	
O LO	After funers	ion:	27. Maryfer of Death 1 Matural 5	Pending		of Injury th, Day Year)	28b, Time of Injury	28c. In		28d. Describe	how inju	rry occurred		
Division or Atlanding	ctor: y the	27. Maryler of Death 1 Natural								2 □ No 28f. Location (Street and Number or Rural Route Number, City or Town, State)				
To the Hospital	within 24 hours after To the Funeral Dire completely filled in t	Medical Ce	29a. Certifier 1 (Check only 2 one)	Certifying Ph Medical Exam	winter: On the D	best of my know this of examinat her stated.	wiedge, death tion and/or inv	occurred at the estigation, in my	time, date and place, opinion, death occur	and due to the	cause(s date an	i) and manner a d place, and du	s stated. e to the ca	use(s)
5	To the	ž	29b. Signature and title	of certifier	7/11	-)		29c. Lice	nse number		29d. Da	até signed (Mon	th, Day, Ye	100)
	0		11/1/	1/17	11	7/		219	482		6	, -24	1.9	6
(6)		Dr. Moha	honor	ANDER	C V 7	23a) (Type, F	Print)	e Aint	21. 0	3,100	subelt	MA	707
	Sta Registr	te ar	31. Date filed Worth.	2 6 1996	Tali	egistrar's Signa	ture	MOCI !	- IOIIII	2011	- 4 -		N. + Box	0-1
		3.		55,500	0									



State of Maryland / Department of Health and Mental Hygiene 96 2071.7

						Cei	rtificate	e of	Death			Reg. No.	0	20141
	Ast A		1. Decedent's Neme (First, Middla, L.		.1.0						2. Dete of De Month	eth	Vaar	3. Time of Death
	Physic /Medi		Norma -	, Lei	NIS						July	Day 1	996°	2:1ZP:1
)	Exami		4a. Fecility Name (If not Institution, gi		2516	E. An	tieta	m			cation of Deat			1
			Washington Co. Hos	pital					Hage		w n	u	Jash	ington
н	Funeral		, , , , , , , , , , , , , , , , , , , ,	Sex 7. A(1 □ M 2 √2 F	ge (In yrs. las	t birthday) Yrs.	If Under 1 Months	1 Yeer Days	If Under Hours	Min.	8. Dete of Bir (Month, De	th ly, Year)	9. Birthp	lece (Stata or Foreign
	Director		323-20-7228 Usuel Residence of Decedent	X.	71	TIS.				1	March 1	5 1925		nois
	and and		10e. Stete 10b. County	·	10c. City, 7	Town or Lo	cation						1	0d. Inside City Limits
	Mery 4 sh	0	Maryland Washin	oton	Нас	ersto	w							1 ☐ Yes 2 🔯 No
	the	Director	10e. Street and Number	16 2011	1146	CIBEO	10f. Zip (Code			1	10g. Citizen of	What Coun	trv?
	3a o	0	1908 Applewood I	rive				217	42			U.S.		.,
	72 hours efter death with the Meryland natural, or items 23s or 28s-f show dical Examiner must be notified at	Funeral	11. Merital Stetus	12. Wes Decedent	Ever in U,S.	13. \	Wes Decede	ent of H	Ilspanic Ori	gin? (Spe	cify Yes or No Rican, etc.)	- 14. Ra	ce - Americ	
0	or its		1 ☐ Never Merried 2 ☐ Merried	Armed Forces?							Hican, etc.)		ck, White,	etc.
21215-0020	ours	i by	3 XWidowed 4 □ Divorced	If Yes, Give Yeer or Datas:			I□Yes 2	M NO	Specify:			Specif	Whi	te
5-0	n 72 hours *natural',	Completed	15. Decedent's E (Spacify only highest gr	ducation ada complatad)	1	16a. Deced	ient's Usual	Occup dona	pation during mos	t of workir	na	16b. Kind of B	usiness/inc	Justry
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ano	る重点を	Be	17. Fether's Neme (First, Middle, Las	9								, Maidan Sumar	ne)	
7	d 2 should by and Menta Menta F is marked traumatic ex	To	John C. Watkins	CT B			C1101-33				0. Sch			
Maryland	d 2 s th ar 7 is trau		19a. Informant's Name/Relationship									er, City or Town		·
	s 1 and if Health item 27 other tr		Rebecca Duhaine 20a. Method of Disposition	/Daughter					ew Dr	ive	Redlan	20c. Location	-	
100	8 = 5		1 ☐ Burial 2 🖾 Cremation 3 🛭				sition (Nama natory or oth							
Baltimore,	parmit. Pe Departmen mportant: any injury		4 ☐ Donation 5 ☐ Other (Space 21. Signature of Funerel Service Lice		Hage		wn Cre				/2/96	Hagers	town,	Maryland
Ba	parmit. I Departm Importar any injus		21. Ognature of tarbet Service 200	M'	- 1	M	innic	h F	unera	1 Hor	ne			
			COUT!	Junna	in							stown,	Md. 2	
			23a. Part1. Enter the disease, or con shock, or heart failure. List only	one cause on each li	ne.	Do not enti	ar the moda	or ayı	ng, such es	cardiac o	r respiratory e	rrest,		Approximate Interval Between Onset end Deeth
	Physician /Medical		Immediate Cause (Final	0	_	_		1		1			1	Chisal shid basili
	Examiner		disease or condition resulting in death)	a. Sypc	M	Cov	4/	1_6	ul	w			a	lugte
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	uted d ansit	Examiner	0-1000000000000000000000000000000000000	elel	Due to (or e	lol	una	10	rui	n h	In	ates	- K	loves
Ó,	certificate be executed rding physician and use as the burial-transit	EX.	Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury	0	Due to to es	s a conseq	derice or):	/	-	1/	0	0)
68760,	ysicie	cai	that initiated events	serve.	Due to (or es	B CONSECU	tience of):	Cu	red	10	lle	<u> </u>	/_)des
	ng ph	Medicai	resulting In death) Last		200 10 (01 00	a conseq	uorioo or).							
Box				d									<u> </u>	
	0 0 0	Physician/	Pert II. Other significant conditions	contributing to death b	ut not resultir	ng In the ur	nderlying car	use giv	en in Part I	,	23b. Dfd	tobacco use co	ntribute to	the cause of death?
P.0	at the by th	Phy									10	Yes 2□ No	3 ☐ Prot	bably 4 Whknown
Ś	es that igned b	by										10.	,	4
ord	requires been sign should be	ted										an eutopsy ormed?	eve	ere autopsy findings alleble prior to
ec C	2 S S	pje									, ,		of o	mpletion of cause death?
= E	The ate h	Completed									10	Yes 2 NO	10	Yes 2□ No
of Vital Record	iclan: The certificate rector, pag	Be	25. Was case referred to medical examiner?						26. Piece	of Death	(Chack only o	ona)		
7	Physician: this certific ral director,	2	1 Yes 20 No	Hospitel:	ent 2 ER	/Outpatien	t 3□ DOA	Oth	ner: 4□ Nu	rsing Hon	ne 5 Resid	dence 8 Dott	er (Specify)
ם	fter ti	iio	27. Manner of Death 1 Naturel 5 ☐ Pending	28a. Date of Inju (Month, Da	y Year) 28	b. Time of Injury	28	c. Injur Wor	ry at rk?	2	8d. Describe	how injury occur	red	
Sio	Attending ir death. actor: After by the fune	cati	2 Accident Investigation				М	1 🗆	Yes 2□I	No				
Division	or Attending after death. Director: After In by the fune	Certification:	3 Sulcide 8 Could not be determined		ury - At home c. (Specify)	, ferm, stre	et, factory,	office		2	28f. Location (3 City or To	Street and Numi wn, Steta)	per or Rura	Route Number,
	urs a ura a lied i													
	To the Hospital or Attending Physician: Whith 24 house after death. To the Funeral Director: After this certific completely filled in by the funeral director.	edica	29a. Certifier 1 Certifying Pt (Check only one) 1 Medical Exar	ysician: To the best of niner: On the besis of	examination	dge, death end/or inv	occurred et estigation, i	t the tir	ne, dete en plnion, dea	d place, e th occurre	nd due to the	cause(s) end me date and place,	enner as st and due to	ated. the cause(s)
	thin the	Mec	29b. Signature and title of certifier	end manner sta	ated.	1	-		e number			29d. Date signe		
	F 3 F 8		211.	01 11	21	LIN	250.	2	CP/	7		Z)	10	/
		1	May fon W	Fallo	411	14	1	15	1086)		TII	17	6
			30. reamer and address of persolf who	completed cause of	eath Ntem 23	la) (Type, i	Print)	1111	01/1		10	. /	VII	-
	Sta		31. Date filed (Month, Day, Year)	HI A M	ar's Signature	Ku	17	III	UNIC	DIC	is (d	mplu 1	din	FURSION
	Registr	ie.		2 1996 Jul			alals.							
DHI	WH 16 Rev 6/95		WWW.V	June June	12 St. 1000	401 54								

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State of Maryland / Department of Health and Mental Hygiene

20748

						Ce	rtifica	te of	Death			Reg. No.				
Physic /Medi		1. Decedent's Nama (First, CLIFTO		ast)				LE	E		2. Data of Do Month June	Bay 27	Year 199		ma of Death .13 P	
Exami		4a. Facility Nama (If not ins St. Mary's I			mber)				4b. City, To Leona		ocation of Deal		County of Deal			
Funeral Director		5. Social Sacurity Number 218-30-5633		Sax 1 ☑ M 2 ☐ F	7. Age (In y	rs. last birthday, Yrs.	if Unda Months 5	Days	if Undar Hours	24 Hrs. Min.	8. Data of Bi (Month, Di Dec 3		9. Birt Co 15 St.		tata or Foraigi	
pu *		Usual Rasidence of Decedar 10a. Stata 10b. C			100	City, Town or L	ocation							10d Inci	da City Limits	
death with the Maryland mn 23a or 28a-f show crount be notified at	Director	MD St		ry's		Lexingt	on Pa							10	Yas X No	
1 0 M	F	10a. Street and Number					10f. Zi	p Code				10g. Citiz	an of What Co	untry?		
or its	by Funeral	34 Main St. 11. Maritai Status 1 XNevar Married 2 3 Widowed 4 Div	Married	12. Was Dec	edant Evar In orcas? 2 No va				fispanic Or an, Maxica Specify		ecify Yas or N Rican, atc.)		4. Race - Ama Black, White Specify:		ın,	
15-00 72 hours "natural",	etec	15. De (Specify only	edant's l	Education rada complated)		16a. Dece	dant's Usu	al Occuj	oation during mos	st of work	ina	16b. Kin	d of Business/	Industry		
Ithin 12	Be Completed	Elementery/Secondary (0		Collega (1-4or 5+)	lifa.	DO NOT u	ısa retire	during mos d)			For	ming			
ygler tr	S	3	-			Farm	Labo	rer								
aryland 212: should be filed within and Mentel Hyglene. marked other then imatic event, the M	Be	17. Fathar's Nama (First, M	ddia, Las	st)					18. Moth	ar's Nam	a (First, Middle	ı, Maldan S	Sumama)			
View Mend	10	Joseph Lee									Greenw					
Aaryland 2 should be f end Mental H is marked of summtic eve		19a. Informant's Name/Rai					ing Addras	s (Stream	and Numb	er or Rur	ai Routa Numb	er, City or		(ip Coda)		
1 and 1 and 27 am 27 other tr		Mary Catheri	ne H	lickson/						ngto	n Park,		20653			
Baltimore, Maryland 2121 permit. Peges 1 and 2 should be filed within Depertment of Heelth and Mental Hygiene. Important: If item 27 is marked other than important: If item 27 is marked other than any Injury or other traumatic event, the Means.		20a. Mathod of Disposition 1 ⊠ Kurlai 2 ☐ Cram- 4 ☐ Donation 5 ☐ Oti			State	Piaca of Disposematary, cra					Data 7-1-96		ation - City or	Town, Sta	.ta	
Baltimore, permit. Peges 1 an Depertment of Heel Important: If item 2 any injury or other once.		21. Signature of Funeral Se	rvice Licy	man 1	7 -	Ma	2. Nama a tting	nd Addre	ss of Facili -Gard	iner	Funera	1 Hom	ne, P.A			
h certificate be executed by the continuation of the burlen-transit use as the burlen-transit.	an/Medical Examiner	23a. Part / Enter the disease of condition rasulting in death) Sequentially list conditions if any, leading to immediate cause. Enter Underlying Causa (Disease or injury that initiated evants rasulting in death) Last		a	Due to	(or as a consection of the con	Marine of)	lo	La	1		Approximate Intarval Between Onsat and Death				
that the death of by the attended for u	Physician	Part II. Other significant co	nditions	contributing to de	eath but not r	asulting in the u	inderlyling	causa gi	van in Part	I.			ese contribute			
ds, P.C	by Pi	Hyd	121	land	LN						1	Yes 2	3 P	robably	4 Unknow	
requiper vision	Completed b	0 11									24e. Was perf	an eutops ormed?	1	Wara auto aveileble p complation of death?	opsy findings orior to n of causa	
I Ke	EO.										10	Yas 2D	KNO	1 🗆 Yes	2 No	
VICAL The sicien: The certificate	0	25. Was casa refarred to m	edical						26. Plac	a of Deat	h (Chack only	ona)				
OT VICE Physician: this certific ral director,	0	axaminar? 1 ☐ Yas 2X No		Hospital:	Inpatiant 2	☐ ER/Outpatie	nt 3 D	OA Oth	ar:		ma 5□Ras		□Othar (Spe	cifv)		
After fune	ation: T										28d. Dascribe					
JONISION i or Attending efter death. Director: After d in by the fune	Certification:		ould not etermine	d 28a. Place	of Injury - At ng, atc. <i>(Sp</i> e	homa, farm, st	raat, factor	ry, office			28f. Location City or To	(Street and wn, Stata)	Number or Ru	iral Routa	Number,	
LIVISION To the Hospital or Attance within 24 hours effer deatl To the Funeral Director: completely filled in by the	edical C														use(s)	
To the within To the	Me	29b. Signature and title of o	ortified	(Jan)	100	-MS	29	c. Licans	oa number	419	7	29d. Data	signed (Mont	h, Day, Ye	94	
		30. Name and offices of pa DR. JAMES			sa of death (it LEONAR	tam 23a) (Type, RDTOWN,	Print) MARY	LAND	206	50		6		0	.0	
Sta Regist		31. Date filed Month, Day,	roar)	1996 32.	egistrar's Sig	matura Class-Royd	all.									

Registrar

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 6876.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF M			ITMENT OF			MENTAL HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			. TIME OF DEATH
	Philip	Leon	L	.128	ER			June 27.	1006	YEAR	11:30 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. last bir		IF UNDER 1 YEA	R IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign
	218-24-7540	1 X M 2 - F		YRS.	MONTHS DAY	-	MIN.	Feb. 18, 19	929	Country) MARY	LAND
	9a. FACILITY NAME (If not institution, give	1 /			9b. CITY, TOW	N OR LOCATI	ON OF DE			NTY OF DEA	
Œ	25 East Frederic					iamspo				SHINGT	
5	RESIDENCE OF DECEDENT	K 31.			74 1 1 1	Tallispe	JI 1		WAS	JITINOT	ON
DIRECTOR	10a. STATE 10b. COUNT	Y	1	Oc. CIT	Y, TOWN OR LO	CATION				10	Od. INSIDE CITY LIMITS?
	Maryland Was	hington		W	illiams	port				1	YES 2 NO
AL	10e. STREET AND NUMBER					10f. ZIP COD	E		10g. CIT	IZEN DF WH	AT COUNTRY?
FUNERAL	25 East Frederic	k St.				217	795		US	SA	
5	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. ARMEI	D				IC ORIGIN? (Specify)	ea or No-	14. RACE -	- American Indian, White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 NO			ES 2 NO				Specify:	
		1953-									White
1	15. DECEDENT'S EDU (Specify only highest grad	le completed)	(Give I	kind of	WORL OCCUP. work done during se retired.)	most of working	ng	16b. KIND OF B	USINESS/INI	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		Handle	r		Genera	Mote	re Pa	rts Div.
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		1 di	13	Hanare	1	HEO'S NAI	ME (First, Middle, Maide		21 3 T G	I I S DIV.
	Theodore	(nmi)	Lizer				tta	Manor		Renne	r
BE	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Stre	et and Number	r or Rural F	Route Number, City or R	own, State, Zij		
5	A.Jean Lizer		25	Ea	ast Fre	derick	c St.	Williams	sport,	MD 21	795
	20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Ren	mount from State	20b. PLACE AND						OCATION -	City or Town	, State
	4 Donation 5 Other (Specify)		Green lawr	i Me					lliam	sport	,MD 21795
	21. SIGNATURE OF HUNBILAL SERVICE L	CENTRAL /				AND ADDRE		RAL HOME			
	1/1don/10	Come	_		P.0	.Box #	4 348	Willian	nsport	.MD 2	1795
	23. PART L byer the diseases, or	complications that	t csused the death	ı. Do	not anter the	mode of dy	ing, such	as cardiac or res	piratory ar	reat,	Approximate
	shock, or heart fallure. IMMEDIATE CAUSE (Final	. List only one caus	se on aach lina.								Onset and Death
	disease or condition	metas	belic c	211-	- nam	a to	bin	4 214			< 2 mos
	reaulting in death)	a. Metas DUE TO	(DR AS A CONSEQUE	NCE O	F):		100	- 110			, , , ,
z		· Car	anom	æ	of 1	ung					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEQUE	NCE O	F):	(
S	CAUSE (Disease or injury	c									
	that initiated avents resulting in death) LAST	DUE TO	(DR AS A CONSEQUE	NCE D	(F):						
5		d			_						
CAL	PART II. Other aignificant condition	na contributing to	death but not raas	uiting	in the underl	ing causa	givan in	Part I. 24a, WAS	AN AUTOPSY		ERE AUTOPSY FINDINGS
2								1 _ YES		C	WAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH?
MEDI											YES 2 NO
-	DID TOBACCO USE CONT	TRIBUTE TO CA	USE OF DEATH	l Y	ES 🗆 NO	☐ UNC	CERTAIN	1 20			
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE D	OF DEA	TH (Check only o	ne)					
Sic	1 YES 2 ND	HOSPITAL:	ER/Outpatient 3 🗆	DDA	OTHER:	lome 5 R	ealdence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF (Month, De	INJURY 3	Sb. TIN	E OF 28c.	INJURY AT WORK?	20	26d. DESCRIBE HOV	OO YHULMI Y	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation			1		YES 2	NO				_
	3 Suicide 6 Could not be	28e. PLACE Of building.	F INJURY At home etc. (Specify)	farm,	Street, factory	free		THE LOCATION (SINK SIN	or and Mymbe	r or April Ro.	de Number,
1	4 Homicide determined							SWITCHEST	ST:		
PL	29a. CERTIFIER (Check only	SICIAN: To the best of	my knowledge, death	occur	red at the time,	date and place	e, and due	to the cause(a) and n	nanner aa sta	nted.	
COMPLETE	one) 2 MEDICAL EXAMIN	IER: Dn the beals of ex	xamination and/or inve	atigati	on, in my opinio	n, death occu	red at the	time, date and placa,	and due to t	he cause(a) a	and manner as stated.
	296. SIGNATURE AND TITLE OF CENTURE	m .	0			29c. LIC	ENSE NUM	IBER	29d. DA	TE SIGNED (A	Wonth, Day, Year)
) BE		milis	X			Do	209	36	▶Jι	11.1,1	996
2	30. NAME AND ADDRESS OF PERSON W										
	Max E. Byrkit,M			Wi	lliamsp	ort,M) 217	795			
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE								
	JUL 0 2 19	96 Julia	Hudsonla	L							
		1/									DHMH-16 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene

96 207

						Cei	tificate	of	Death			Reg. No.	20	6.,	0/3
	Ohasia		Decedent's Nema (First, Middla, Last)								2. Dete of Do				ima of Death
Physici /Medi			RODATT LODG						3			June 25,		9:	00 AN
	Exami		4a. Facility Neme (If not Institution, g	va street and number)				4b. City, Tow	m, or Lo	cation of Dea	on of Death 4c. County of Deeth		h	
			5322 Riverdale H	Road				River				Pı	ince	Geor	ge's
	Funeral		Sociel Security Number 6.	Sex 7. A 1KIM 2□ F	ge (In yrs. le		If Undar 1 Months	Yaar Deys			8. Data of Bi (Month, D	rth av. Year)	9. Birt	Birthpleca (Stete or Foraig Country)	
ь	Director		215-30-4129	IEM ZUF	62	Yrs.					June 1	5, 193	4 Mar	ylan	d
	pur .	٦	Usuei Residence of Decedent 10a. State 10b. County		10c City	Town or Lo	cation							10d Inc	ide City Limit
	sho sho		100000000000000000000000000000000000000	Samuel To										11111111111	Yes 2 N
	he M	Director	MD Prince (eorge's	Rive	rdale									100 2014
	with De C					10f. Zip Code						10g. Citizen		untry?	
	23g	Completed by Funeral	5322 Riverdale H			1.01	2073					U.S.			
	filed within 72 hours after death with the Maryland Hygiana. Hyber than "naturat", or itema 23a or 28a-f show ent, the Modical Examiner must be notified at		11. Meritel Stetus	12. Wes Decedant Armed Forces	?		ves Deceder f Yas, specify	of the Cub	fispanic Orig an, Maxican,	Puerto	ecify Yes or N Rican, etc.)		Race - Ama Black, Whit		ien,
20	s aft		1 ☐ Navar Married 2 ☑ Merried 3 ☐ Widowed 4 ☐ Divorced	If Yes, Giva	1 ☑ Yas 2 ☐ No If Yes, Giva Yeer or Detes:			1 ☐ Yes 2 ☑ No Specify:				Spi	Specify:		
8	houl		15. Decedent's 8			16a Decod	lent's Usuei (Occur	nation			10h Klad	Wh of Business	ite	
5	n 72		(Specify only highest g	rade completed)		(Giva	kind of work OO NOT use	done	during most	of worki	ing	IBD. KING	n Dusiness/	industry	
altimore, Maryland 21215-0020	with ana. than		Eiamantary/Secondary (0-12)	Coilega (1-4or	Coilega (1-4or 5+)			Fitter				Feder	Federal Gover		ment
	Hyg the mt.		17. Fether's Neme (First, Middle, Las	t)		0000			18. Mother	's Neme	(First, Middle	a, Meldan Sur	nama)		
	d be antal ced c	To Be	George E. Long						Eliza	heth	Winan	t			
	should Minaria	T	19a. Intorment's Neme/Reletionship	(Type, Print)		19b. Meilin	Elizabeth Winant ing Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code)								
Σ	th ar		Patricia A. Long												
ē,	permit. Pagas 1 and 2 should be filed within 72 hours after death with the Marylan Department of Haaith and Mantai Hygiana. Important: if item 27 is marked other than "natural; or items 23a or 28a-f show any injury or other treumatic svent, the Medical Examiner must be notified at once.		20e. Method of Disposition 20b. Piece of Disposition (Neme of Dete 20c. Location - City or Town State												
u 0 u	agas int of t: # H		1 Burial 2 A Cremetion 3)		netory or other			06/	27/06				
	it. P		4 Donetion 5 Other (Spec		Met		. Nama and				27/96	Alexa	ndria	, V1	rginia
B	Depa Impo any ir		(1) (1)	1/=		Fr	ancis	Ga	sch's	Sons	s Funer				
			Luthyx	dulph	1						ie, Hya		le, M		
		Examiner	23a. Part1. Enter the disease, or cor shock, or heert tellura. List only	npilicetions that cause one ceuse on eech	the death.	Do not ente	er tha mode (of dyle	ng, such as c	ardiac o	or raspiretory a	arrest,		Interv	ximete al Between
	Physician /Medical		Immediate Course (First										ì	Onse	t end Deeth
	Examiner		Immediate Cause (Fine) disease or condition rasulting in death)	.Arteri	oscle	rotio	c Car	di	ovasc	ula	r Dis	ease			
			,		Due to (or	es a conseq	uence of):								
	led isit			b. —											
_	icate be axecuted physician and s tha burial-transit		Sequentially list conditions, Due to (or es a consequence of): if any, leading to immediate cause. Enter Undertying												
90	be a lclan buria														
68760,	cate phys	Medical	thet initiated events resulting in death) Last		Due to (or	as e conseq	uance of):						i		
-	ding			d									i		
ô	death certificate be axecuted e attending physician and of for usa as tha burial-transit	Physician/													
o i	res that tha death signed by the atten I be deteched for u		Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							23b. Did tobacco use contribute to the cause of death					
J.	that t		Chronic On	shohin	< Vu	Inon			Vise	250	1 🗆	Yes 2 N	10 3 X P	robably	4 Unkno
Hecords,	law requires that tha as been signed by th t 2 should be detech	d by				12 -)				240 10/0	s en eutopsy	24h	Wore au	opsy tindings
Ö	v raquire been si should I	ete									perf	ormed?	- 1	aveilabie	prior to
ě	has t	on: To Be Completed												of death?	
	Pa Ba										10	Yas 200	0	1 X Yes	2 No
VItal	Physician: The ration of this cartificata rail director, pa		25. Wes case reterred to medical axaminer?					Lan		of Death	(Check only	ona)			
O	Physic this c		1.□.Yas 2□ No	Hospitel: 1 Inpati		R/Outpatien	t 3□ DOA		4 □ Nur	sing Ho	me 5 Res	idence 6 🗆	Other (Spe	cify)	
			27. Menner of Deeth 1 Dending 5 □ Pending	28e. Dete of Inju	by Year)	28b. Time of Injury		. Injui			28d. Describe	how Injury oc	curred		
Division	Attending or death. ector: Afta by the fune	cati	2 Accident invastigation	ha l											
<u> </u>		ertification:	4 Homicide 28e. Place of Injury - At home, ferm, street, fectory, office building, atc. (Specify)								28t. Location (Street end Number or Rurel Route Number, City or Town, Stete)				
_	ospital or hours afte uneral Dir tiy filled in	O													
	Hospital 4 hours a Funeral L taly filled	Icai	29a. Certifying P	hysicisn: To the best miner: On the besis of	ot my know	ledge, deeth	occurred et restigation, In	tha tir	ne, date and pinion, death	piece, a	and due to the	cause(s) end date and pla	d menner es	stated.	euse(s)

(15)

J. Laron Locke M.D.
31. Dete tiled (Month, Dey, Year)

JUN 26 1996

111 Penn Street, Baltimore, Maryland 21201

d address of person who completed cause ot deeth (Item 23e) (Type, Print)

29c. License number

O.C.M.E.

29d. Date signed (Month, Dey, Year)

JUNE 25,1996

er to the profit of

Pages 1, 2, 3 should

permit.

be detached for use as the burial-transit

and completely filled in by the funeral director, page 5 should burial, cremation, or removal.

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signed by the attending physician Health and Mental Hygiene prior to

t of

has be Dept.

certificate h

DIRECTOR: After this chours after death with

FUNERAL I

2

30, NAME AND ADDRESS OF PERSON WHO William K. Kelly,

31. DATE FILED (Month, Day, Year)

BALT	after death.
	hours
20	within 24
(687	executed
$\hat{\circ}$	2
.O. B	certificate
S, D	death
0	the
5	that
REC(requires
_	ME
Z	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
SION	TENDING
>	A
	90
	M

96 20751 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3 TIME OF DEATH CLARENCE WESLEY LUNG June 28, 3:30 PM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year)
August 4, 5. SEX 6. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 😿 M 2 🗌 F 217-16-6490 87 1908 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2600 Mechanicsville Chaptico Road Mechanics ville St. Mary's RESIDENCE OF DECEDENT 19c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland St. Mary's Mechanicsville 1 TES 2 1 NO FUNERAL 10e, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 2600 Mechanicsville Chaptico Road 20659 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puarto Rican, atc.) RACE — American Indian, Black, White, etc. 1 🔯 Never Married 2 🗌 Married 1 YES 2 X NO BY Specify Specify: 3 Widowed 4 Divorced 1940 1950 White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only h Elementary/Secondary (0-12) College (1-4 or 5+) School Teacher Public Schools 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) notified at Eubert Henry BE Lung Bertha Mav 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2055 Mill Road, Mechanicsville, Maryland 20659 Roy Lung å 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata 1 X Burlel 2 Cremation 3 1 4 Donation 5 Other (Specify) must aver Creek Cemetery 7/2/96 Hagerstown, Maryland examiner 21. SIGNATURE OF THERAL SURPLY LISTENS 22. NAME AND ADDRESS OF FACILITY Edward N. Brinsfild, Jr. M00052 Brinsfield Funeral Home, P.A P.O. Box 279, Leonardtown, MD 20650-0279 the medical 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one ceuse on each line. Interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition (A rostate 1 Year resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL near 1 - YES 2 X NO OF DEATH? 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL ltem! HOSPITAL OTHER: 1 TES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Home 5 🕅 Rasidenca 6 🗆 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, 26b. TIME DF 26d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural м 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 28 4 Homicide 29e. CERTIFIER

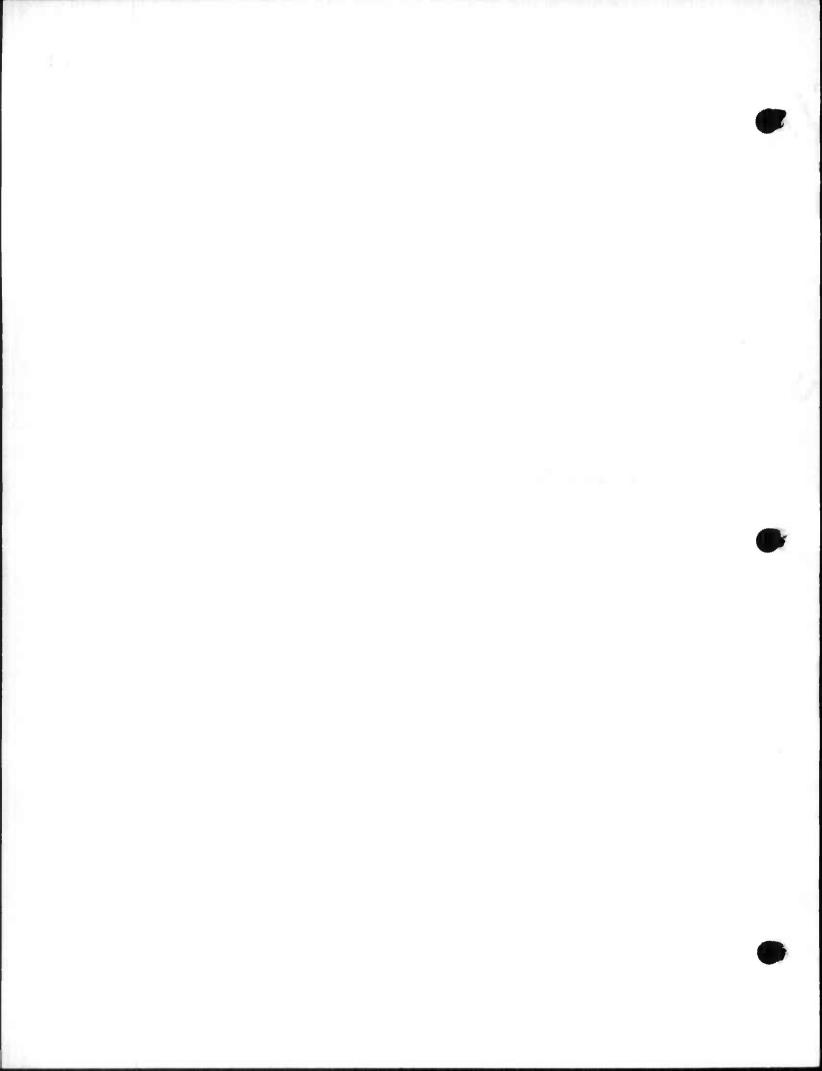
(Chack coll):
1 X CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(e) and manner as stated. = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
DE filed within 7
IMPORTANT: 1 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D39979 96

DIOMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAB'S SIGNATURE

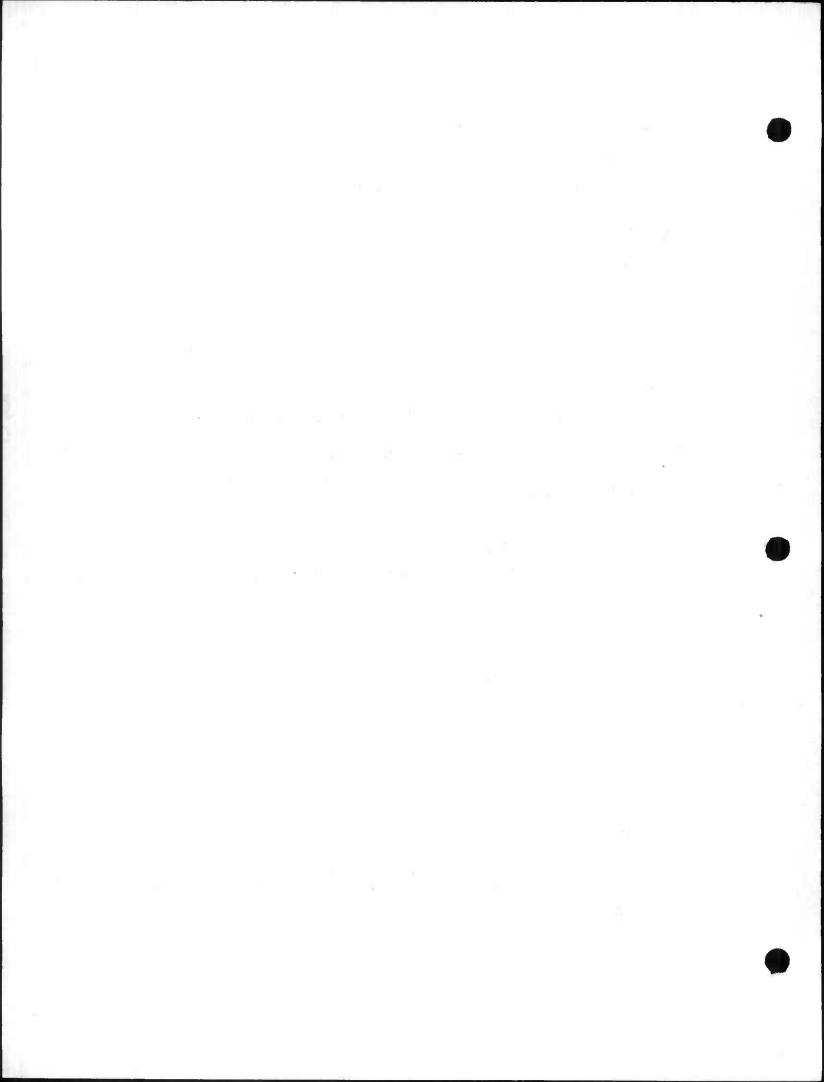
3 Washington Circle, N.W, Washington, D.C. 20037

M.D.



FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
DECEDENT'S NAME (First Middle Last)		2 DATE OF DEATH

	REGISTRAR		CEI	RTIFI	CATE OF	DEATH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE C	TIME OF DEATH								
	GERALD	LUMI	PKIN	VS	SR.	SR		JUNE 26			9% 5:30 P		
	4. SOCIAL SECURITY NUMBER	7	BE (In yrs. last b		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O				ACE (State or Foreign	-	
	217-32-0538	1 🔀 M 2 □ F	65		HONTHS DAYS	HOURS MIN.	Month	Day. 193	0	Country)			
	9a. FACILITY NAME (If not institution, give				9h CITY TOWN	OR LOCATION OF DE		, 100	9c. COUNTY	laryl		4	
Œ	Sinai Hospital	,			Baltin		2111		St. COOK!	OF DEAT			
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT				рат СШ	ore						_	
입	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIGE CITY												
E	Marriland Ct	Marria		Nho	1 1						LIMITS?		
	Maryland St.	Mary's	ry's Abel								YES ZY NO	-	
Z.						. ZIP CODE					T COUNTRY?		
9	21038 Golden Thom					20606			U.S	.A.			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO			13. WAS DECENDENT OF HISPANIC ORIGIN If yes, specify Cuban, Maxican, Puerto						American Indian, Thite, etc.		
ВУ	1 Never Married 2 Married		YES, GIVE WAR OR DATES			t YES 2 X NO Specify:							
	3 Widowed 4 Divorced							Specify: White					
	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	16a. DECE	EDENT'S U	SUAL OCCUPATI	ON ost of working	166. KIND OF BUSINESS/INDUSTR						
	Elamentary/Secondary (0-12) 8th Grade	College (1-4 or 5+)	+) life. Do NOT use retin			k done during most of working etired.)							
를	8th Grade		Waterman					Seafood					
ő	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Mi	iddle, Maiden	Sumame)					
BE COMPLETED	Carroll	Webster	Lumpkins Nellie						Catherine Watts				
	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	ADDRESS (Street	and Number or Rural R	Route Numbe	er, City or Tow	n, State, Zip Co	de)			
2	Barbara A. Lumpk	ins				Thompson					06		
13	20a. METHOD OF DISPOSITION						OATE				State	\dashv	
	1 Surial 2 Cremation 3 Ren	noval from State	complete complete as other place.									50	
- 8	4 Donstlon 5 Other (Specify) Charles Memorial Gardens 6/29/96 Leonardtown, MD 20650												
	Mattingley-Gardiner Funeral Home, P.A.												
	P.O. Box 270, Leonardtown, Maryland 20650												
	23. PART I. Enter the diseases, or	complications that caus	sed the deat	lh. Do no	t enter the mo	de of dying, such	n as cardi	ac or respi	retory arrest	t,	Approximate		
	shock, or heert failure. List only one ceusa on each line. interval Between Onset and Death												
												. 1	
	resulting in death) - a. //Spirqilon												
	- Trachen-pastria Fistula										2-3 Week	2	
ó	Sequentially list conditions, OUE TO (OR AS A CONSTRUCTION OF)												
A	cause. Enter UNDERLYING												
윤	CAUSE (Disease or injury C.											\dashv	
Ē	that initiated events DUE TO (OR AS A CONSEQUENCE OF):										1		
CERTIFICATION		d	-										
	PART II. Other significant condition	ns contributing to deat!	h but not res	suiting in	the underlyin	g cause given in	Part I.	24a. WAS AN			ERE AUTOPSY FINDING	S	
EDICAL								PERFORMED?			AMAILABLE PRIOR TO COMPLETION OF CAUSE		
							_	1 123 2	LE NO		DEATH?		
Σ	DID TOBACCO USE CONT	DIRLITE TO CALISE	OF DEAT	U VE	NO E	UNCERTAIN				1	YES 2 NO		
AN		KIBOTE TO CAUSE				1 OIACEKIAII	4 LJ					4	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:												
YS	1 YES 2 NO	t inpatient 2 □ ER/O	T			ne 5 - Realdence							
표	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. OES								OESCRIBE HOW INJURY OCCURED				
BY	2 Accident Investigation		M 1 YES 2 NO										
	3 Suicide 8 Could not be	28a. PLACE OF INJU building, etc. (S	JURY — At home, ferm, street, factory, office (Specify) 28					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
Ë.	4 Homicide determined												
7	29s. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.												
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
	29b. SIGNATURE AND TYTLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)												
BE													
2	Surgery Housestaff AJ4147357 June 26, 1996 30. NAME AND ADDRESS DEPERSON WHO COMPLETED CAUSE OF DEATHJITEM 27) (Type, Print) Nita Anuja Tower 100 Johns Hopkins Hospital, Baltimore, MD 31. DATE FILED (MORDIN DEV MAR) - 129. SPECITYARYS SIGNATURE												
	Nita Abuia Tours 100 Takes 11- Visa Hand that Dalting no												
	IVIII ANUIC	1 LOWER	100	10	1NS 7	topkins	MOS	DITA	1,59	IIIV	ore, I'LD		
	31. DATE FILED (Month, Day, Year)					/							



permit. Pages 1, 2, 3 should page 5 should be detached for use as the burial-transit once. म notified after death. Page 6 may be pe must funeral director, examiner n by the freenoval. medicai filled in by ti the and completely fi burial, cremation event, executed traumatic the attending physician Mental Hygiene prior to the death certificate be other 0 Injury, and and OR ATTENDING PHYSICIAN: The law requires that any signed the t, of Healt has be Dept. Item certificate to the State marked, this c After DIRECTOR: A hours after de item 28 is .59 item TO THE FUNERAL DE FILE WITHIN 72 h

96 20753 Amended #4, 6-28-96, B.T., St. Mary's Co. 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR PM 5:00 Wallace June 16 William 1996 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR 6. AGE (In vrs. last birthday IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 503-76-5369 Jun 8, 1964 32 South Dakota 9a, FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Bayside Nursing Center Lexington Park St. Mary's DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY Maryland 1 YES 2X NO St. Mary's Lexington Park FUNERAL 10e STREET AND NUMBER 10f ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 20653 1527 A Liberty Street U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, 1 Never Married 2 Married Specify: White 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15 DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) Coffege (1-4 or 5+) Clerk Retail Food 12th Grade 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname) William Wallace Lytle, II Sara Belle Giglio BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 William W. Lytle, II 17 Scotch Pine Court, California, MD 20619 20a. METHOD OF DISPOSITION
1 ☐ Burlal 25 Cremation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Metropolitan Crematory 6/17/96 Alexandria, Virginia 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral Home, P.A. P.O. Box 270, Leonardtown, Maryland 23. PART I. Enter the diseases, or demplications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. Liet only one cause on each line. Interval Between Onget and Death **IMMEDIATE CAUSE (Final** andio Dulmmay Failurg disease or condition_ resulting in deeth) CERTIFICATION Sequentially liet conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury TO JOR AS A CONSEQUENCE OF that initiated evente resulting in death) LAST PART ii. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 □ NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\square\) NO \(\sqrta\) UNCERTAIN \(\sqrta\) 26. PLACE OF DEATH (Check only or 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural
Accident 5 Pending 1 YES 2 NO ΒY 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, 3 Sulcide 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the Investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated 29b. SIGNATURE AND TITUE DE CERTIFIER BE

2

30. NAME AND ADDRESS O

31. DATE FILED (Monte, Day,

JUN

J. Patrick Jarboe,

1996

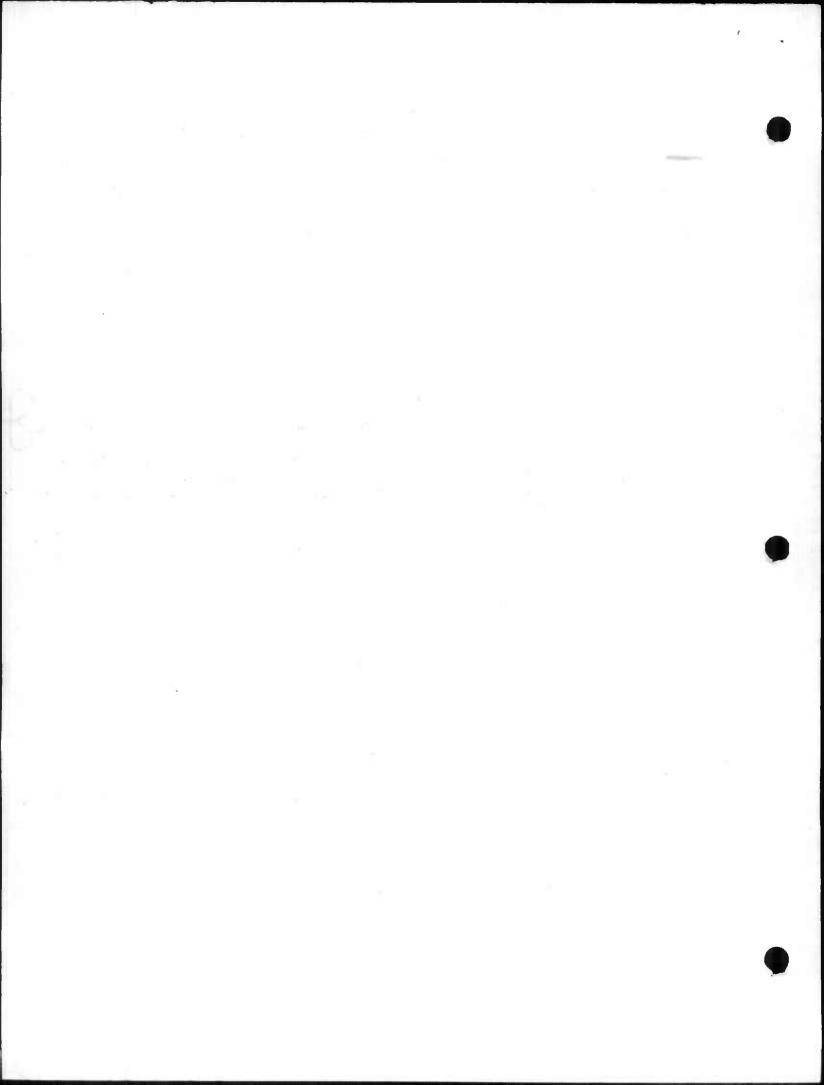
M.D.

33. REGISTRAR S SIGNATURE

Sturden Rardall

20650

Leonardtown, Maryland



2. Wash. Co. Amend # D. Wash. Co. J.B June 26, Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Sur 26, 1996 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Data of Deeth Month June (96 Z_{6} 4b. City. Town, or Location of Death 4c. County of Deeth

1. Decedent's Nama (First, Middle, Last) 3. Tima of Death **Physician** Rosemary Alycia MARTIN WAM /Medical 4a. Fecility Name (If not Institution, give street and number) Examiner 11035 Eastwood Drive Hagerstown Washington 5. Social Sacurity Number If Under 1 Year | If Under 24 Hrs. Birthpiace (State or Foraign Country) 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) **Funeral** 1□M 20 F Deys Yrs 099-24-8005 65 Director Aug. 11,1930 New York Usual Rasidence of Decedent 10e. Stete FL. with the Meryland Show 10b. County 10c. City, Town or Location 10d. Insida City Limits Desota Arcadia 7 is marked other than "natural", or items 23a or 28a-f shov traumatic event, the Medical Examiner must be notified at 1 Yas 2 No Washington Director Maryland 11035 Eastwood Drive 10e. Street and Number 8500 S.E. Riviera Dr. 10f. Zip Coda 33821-0000 10g. Citizen of What Country? 11035 Eastwood Drive 21742 USA death Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yas 2 █ No If Yas, Giva Yaar or Datas: 13. Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Rece - Amarican Indian, Black, Whita, atc. 11. Maritai Status parmit. Peges 1 and 2 should be filed within 72 hours effer to Department of Health and Mentel Hygiene. Important: If frem 27 is marked other than "natural", or then any injury or other traumetic event, the Medical Examples. 1 ☐ Navar Merried 2 📉 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: white Specify þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coliega (1-4or 5+) 12 homemaker her own home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nema (First, Middla, Maidan Surname) Be Charles Wollny Gertrude McCann 19a. Informant's Name/Raletlonship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) John J. Martin 11035 Eastwood Dr., Hagerstown, Md. 21742 20b. Placa of Disposition (Nama of cometery, crametory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 X Cramation 3 ☐ Ramovei from State 4 ☐ Donation 5 ☐ Other (Specify) Hagerstown Crematory 6-27-96 Hagerstown, Maryland 21. Signatura of Euneral Sarvice Licenses 22. Nama and Address of Fecility MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 23a. Pert1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onset and Daath **Physician** /Medical Immediata Causa (Final disaasa or condition resulting in daath) **Examiner** Due to (or as a consequence of) Examiner physicien end the burial-trensit be executed Sequentially list conditions, if any, laading to immadieta causa. Entar Undarfying Causa (Disaase or Injury that initiated evants resulting in death) Lest Dua to (or as a consequence of): Box 68760 Physician/Medical Due to (or as e consequence of): 80 attending esn been signed by the atter-should be detached for Division of Vital Records, P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 HNG 3 Probably 4 Unknown SON à 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed hes 1 Yas 2 □No 1 ☐ Yas 2 ☐ No certificate To the Hospital or Attending Physician: within 24 hours efter deeth.
To the Funeral Director: After this certifica Be 25. Was casa referred to medical 26. Place of Deeth (Check only ona) Other: 4 Nursing Home 5 Hasidanca 6 Othar (Specify) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yas 2 No filled in by the funeral 28a. Data of Injury (Month, Day Year) Certification: 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Pending invastigation 1 @Natural 1 ☐ Yas 2 ☐ No 2 Accidant 3 Sulcida 6 ☐ Could not be detarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, fectory, office building, atc. (Specify) 4 Homicide 1 Perifying Physician: To the best of my knowledge, death occurred et the time, date and placa, and due to tha cause(s) and menner es steted.
2 Medical Examinar: On the basis of axamination and/or investigetion, in my opinion, daath occurred at tha tima, data and placa, and due to tha cause(s) and mariner steted. edical 29a. Certifiar 296. Signatura end titla of certifier 29c. License number 29d. Data signed (Month, Dey, Year) 6/26

Howell Rollegerton

State Registrar 30. Name and address of person who completed cause of daath (Itam 23a) (Type, Print)

222

32. Registrar's Signetura

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rederic

31. Date filed (Month, Day, Year)

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State of Maryland / Department of Health and Mental Hygiene

20755

					Cer	tificate c	t Deatr	7		Reg. No.		-0100
	ician dical	1. Decedant's Nama (First, Mic	ARABELLA		MATTIN	NGLY			2. Dete of De Month June	Day	Yaar 996	3. Tima of Death 1:51 P.M.
	niner	4a. Facility Name (If not institute St. Mary's	ion, give street and n Hospital	number)				own, or Locardto	cation of Deetl		y of Death Mar	
Fune Direct		5. Social Security Number 217-16-2110 Usual Rasidance of Decedant	6. Sax 1 ☐ M 2 ☑ F	7. Aga (In yrs. la 74	st birthday) Yrs.	If Undar 1 Ye Months Day		Min.	8. Data of Bir (Month, Da Apr 8,	th ly, Yaar) 1922		pleca (Stata or Foreign intry) nington, D
with the Maryland a or 28a-f show	tor	10a. Stata 10b. Coun	Mary's		Town or Loc					•		10d, Inside City Limits
deeth with the Maryland ms 23a or 28a-f ehow mast be notified at	Funeral Director	10e. Street end Number 770-B Three Co	ves Road			10f. Zip Codi 2063	6			10g. Citizen of U.S.A	Whet Cou	ntry?
i ii	þ	11. Maritel Status 1 □ Never Married 2 □ Mi 3 월 Widowed 4 □ Divorce	Armed F arried 1 \(\sum \) Yas	2⊠No Bive	H	Vas Decedant of Yes, specify C			cify Yes or No Rican, etc.)	14. Rad Ble	ican Indien, , atc. ite	
within sne.	Be Completed	15. Dacad (Specify only high Elamantary/Secondary (0-12 12th Grade	ant's Education lest grada complated Collaga	1) (1-4or 5+)	(Giva I lifa. L	ant's Usual Ockind of work do NOT usa ret titian	upation na during mo ired)	st of workin	ng	16b. Kind of B		
Limore, Maryland 212 L Pages 1 and 2 should be filed with mine at of Heelth and Mental Hygiene. This filem 27 is marked other than they are other traumatic event, the Miny or other traumatic event, the Miny or other traumatic event, the Miny or other traumatic event, the Miny or other traumatic event, the Miny or other traumatic event, the Miny or other traumatic event, the Miny or other traumatic event, the Miny or other traumatic event, the Miny or other traumatic event, the Miny or other traumatic event, the Miny or other traumatic event, the Miny or other traumatic event, the Miny or other traumatic event, the Miny or other traumatic event, the Miny or other traumatic event.	To Be	17. Fethar's Nama (First, Middle William	Ford	Warwick			Eda		Sophia		ebste:	
		19a. Informant's Name/Ralatio Ellen W. Ervir			Box 7	56 Thre	e Cove	er or Rura es Rd.	., Holl	er, City or Town _YWOOd ,	MD :	20636
0 80 = 5		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other	(Specify)	State St.	John'	sition (Nama of natory or other p S Ceme	ery		3/96		ood,	Maryland
Balting permit. Pa Departmen Important:	8000	21. Signatura of Funeral Service	e Licensee	lines						l Home, Maryla		20650
Box 68760, and certificete be executed the state of the s	Wedical Examiner	shock, or haert failura. Li Immadiata Cause (Final disaasa or condition rasulting in daath) Sequentially list conditions, if any, leeding to immadiata cause. Enter Underlying Cause (Diseasa or Injury that Initiated avants resulting in daath) Last	a. 5	Dua to (or	as a consequence as a c	uance of):	lia					Approximate Interval Between Onsat and Death
P.O. het the de de by the deteched	y Physician	Part II. Other significant condi-				darlying cause		1.		tobacco usa co Yes 2□ No	3 Pro	to the cause of death obably 4 Unknow
of Vital Records, P Physician: The lew requires that this centificate hes been signed to ral director, page 2 should be deter	Completed by							···	24a. Wes	en eutopsy rmed?	9/	Vare eutopsy findings velleble prior to omplation of cause f death?
f Vital Reystelen: The lever s certificate hes director, page 2	Be Com	25. Wes casa refarred to medic	al				28. Plac	a of Death	(Check only o	-	1	□Yes 2□ No
Division of Vita To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director,	Certification: To E	3 Sulcida 6 Coul	ing (Mon tigation dinot be	a of Injury nth, Day Year)	P/Outpetient 28b. Tima of Injury	28c. In V M 1	Othar: 4 N jury at ork? Yas 2	ursing Hom 2	na 5□ Rasio	danca 6 □Oth how Injury occur Straat and Numi	rred	ify) ral Route Number,
Division To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edicai Ceri	29a. Cartifiar 1□ Certify	ing Physicien: To th	besis of axamination	ladga, daath on and/or inv	occurred at the	tima, data ar	nd place, a	City or Too	causa(s) and m	annar as s	stated. to the causa(s)
To the Youthin ?	Med	29b. Signature end titla of certif	and mai	nner stated.		29c. Lice	nsa number			29d. Data signe	ed (Month,	
7		30. Nama and addrass of personant Anil K. Shah,	M.D.	Ì	I	Print) / Leonard	own,	Maryl	and 2	0650		
Regi	State strar	31. Data tiled (Month, Day, Yea JUL - 3	1996	Registrar's Signetu	Randall							

State of Maryland / Department of Health and Mental Hygiene 96 20756

				•		Certifica	ate of	Death		Re	g. No.		20100	
			1. Decedent's Name (First, Middle, Las	st)						a of Deeth	h	. 477	3. Time of Deeth	
	Physic /Medi		LILLIAN NO	OCK MOORE			m	OOR	E Ju		Dey 30 19	yaer 7 (0600	
	Examir		4e. Facility Nama (If not institution, given PENINSULA REGION	a straet end number)				4b. City, To	wn, or Location of		4c. County	of Death	ICO	
	Funeral Director	18	220-34-7598	DAY OFF	(In yrs. last birt	hday) If Und Month	der 1 Year ns Days	If Under Hours	Min. (Mo	of Birth oth, Day,	Year) 03	Coul	oleca (Stete or Foreign of Market Hill, Md	
П	and *		Usuel Residence of Decedent 10e. Stete 10b. County		10c. City, Town	or Location							I 0d. Insida City Limits	
	Ra-f aho	Director	Md. Wico	omico	•	lisbu							1 ☑ Yas 2 ☐ No	
	ath with t	ral Dir	1325 Glen Ave	enue				804		U	S.A.	/het Cour	ntry?	
020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f ahow any Injury or other traumatic event, in Medical Examinat must be notified at ance.	by Funeral	11. Maritel Status 1 ☐ Never Merriad 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	12. Wes Decedant E Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Give Yaar or Datas:	za sana z			dispanic Origen, Mexican Specify:	gin? (Specify Ye , Puarto Rican, a	s or No- itc.)		k, White,	ean Indien, etc. white	
5-0	72 ho	Completed	15. Decedant's Ed (Specify only highast gre	lucation da completed)	18a.	Decedent's U (Giva kind of	work done	durina mosi	of working	1	16b. Kind of Bu	siness/In	dustry	
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7	fygie her t nt, in		17. Father's Neme (First, Middla, Last)		Sc	hool	Bus		ractor				ucation	
an	ad be	Be c	Gordon E. Nock					100	arah Ha					
2	should Me mark mark	To	19e. Informent's Neme/Relationship (1		19b.	Mailing Addre	ess (Street		or or Rural Route				Code)	
×	alth ar 27 ls		Elaine M. Pete						Salisbu		2011			
ore,	othe othe		20e. Method of Disposition						Dete		20c. Location - 0			
E	Page nant c nnt: If		1 PBurial 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specify		comptent cromptent or other place)									
Baltimore, Maryland 21215-0020	permit. Departmine fimporta any injecto.		21. Signature of Funeral Service Licen	P M	Ą	22. Name	and Addre	ss of Fecilit	у				klin St.	
	Physician		23a. Pert1. Enter the disease, or companies shock, or heart feilure. List only of	olications that caused t	he deeth. Do n								Approximata Interval Between Onset and Death	
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o,	ntificata be executed ng physician and a as tha burial-transit	Examiner	Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying	D	Pue to (or es a c	onsequence o	of):							
ox 68760,		\/Medical	Cause (Disease or Injury that initiated events resulting In deeth) Lest Due to (or es e consequence of):											
Box	sath ce attandi	Physician/	Port II Other significant conditions or	nately tiles to death but	not consider a la	Abo updadulo		on In Day I		Didas		Arthura A	a the course of death 0	
o.	t the c	hys	Part II. Other significant conditions co	minduling to death but	not resulting in	the underlying	g cause gr	/en in Peri i.	. 23	1 ☐ Ye			o the cause of death? bably 4□Unknown	
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Records,	The law requires that tha daath ce ata has been signed by the attandi paga 2 shouid be datached for us;	Completed							24	e. Wes an perform	n eutopsy ned?	av	ere eutopsy findings ailable prior to impletion of cause death?	
æ	ilclan: The lav cartificata has rector, paga 2	HO								1□Ye	s 20 No	10	□Yes 2□No	
a	lan: rtifica	Bec	25. Wes case referred to medical					26. Place	of Deeth (Chec					
2	Physician: rthis cartificanal director,	To	examiner?	Hospital: 1 Inpatien	t 2 ER/Out	patient 3	DOA Oth	ner: 4□ Nu	rsing Home 5	Reside	nce 6 Otha	r (Specil	(y)	
Division of Vital	Afta fune		27. Menner of Deeth 1 Netural 5 Pending 2 Accident Investigation	28e. Date of Injury (Month, Dey		ima of jury M	28c. Injui Wo	yat rk? Yas 2⊡l		scribe ho	w injury occurre	ed		
Divis	al or Atte s after da I Directo d in by th	28e. Date of Injury Netural 2 Accidant 2 Accidant 3 Suicide 4 Homicide 4 Homicide 5 Pending Investigation 28e. Piece of Injury - At home, ferm, street, fectory, offica 28f. Linjury at Work? 28d. Describe how 28d.									er or Rura	al Route Number,		
	To the Hospital or Attant within 24 hours after deat To the Funeral Director: completely filled in by the	edical C	29a. Certifier (Check only one)	vsician: To the best of alnar: On the basis of e	examinetion end	deeth occurre /or Investiget	ed et the til	me, date en pinlon, deel	d plece, end due th occurred at the	to the ca time, da	use(s) end mer ite and place, e	nner as s nd due to	tated. the cause(s)	
	Withir To th comp	Me	29b. Signeture end title of certifier	0/ /		2	29c. Licens	a number		29	d. Dete signed	(Month,	Dey, Year)	
			Cha. One V				D	3085	3		6/30/	96		
	İ	6	30. Neme and address of person who	completed cause of dea	ath (Item 23e) (Type, Print)					1-1	-		
			Charles B. Si	via Jr	MD	PRM	C							
	Sta		31. Dete filed (Month, Day, Year)	32. Registrar										
	Registr	df	JUI 01 199	6 1 A	and an P	. 0 .1								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending pi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by be filled within 72 hours after death with the State Deot, of Health and Mental Hydiene Drior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 . STATE	STATE OF N	MARYLAND / DEPAI	RTMENT OF	HEALTH ANI	D MENTAL HYGIE	NE	
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE O	F DEATH	2. DATE OF DEATH	D.	3. TIME OF DEATH
	Dale Wayne	Meiser				June 21	1996	9:45 P M
	4. SOCIAL SECURITY NUMBER 220-36-7410	5. SEX 1 🔀 M 2 🗀 F	6. AGE (In yrs. last birthday) 56 vrs.	MONTHS DAYS	HOURS MIN	. (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	9e. FACILITY NAME (If not institution, give si	treet and number)		9b. CITY, TOWN	OR LOCATION OF	Sept 26	9c. COUNTY	of perty land
OR R	Hartley Hall N	ursing	Home		oke Cit			ester
ច	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	,	140-00					
FUNERAL DIRECTOR	Maryland Wor	cester	Pa	ocamak	e City			10d. INSIDE CITY LIMITS? 1 2 YES 2 NO
ERAI	10a. STREET AND NUMBER Laure/ 57	reet			2185	1	10g. CITIZEN	OF WHAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED	13. WAS D	ECENDENT OF HIS	PANIC ORIGIN? (Specify Yo	s or No- 14.	RACE — American Indian,
ВУ Б	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 AND		S 2 NO Spe	ilcan, Puerto Rican, etc.) ecily:		Black, White, etc. Specify)
								White
	15. DECEDENT'S EDUC (Specify only highest grade		(Give kind of	Work done during i	TION nost of working	16b. KIND OF BI	JSINESS/INOUS	rry
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +	THATOLA	Store (Mark			
S S	17. FATHER'S NAME (First, Middle, Last)	1 00	·	Sivre.	18. MOTHER'S	NAME (First, Middle, Meide	n Surname)	
BE	Charles Edwa	rd Mei	ser			rie McCa	be	
2	Valenie T Dal	1/1/	19b. MAILING	ADDRESS (Stree	Rad Number or Ru	Tal Route Number, City or To	11 4.	ille Vo 23356
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo	and from State	20b. PLACE AND DATE	OF DISPOSITION (Name of		OCATION + City	
	4 Donetion 5 Other (Specify)		Soilsbut	V (Yen	atory	16/22 Sa	lisbur	V.Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE AM	,	22 NAME	oh Funel	FACILITY Hone	/	
	Scott S.	11/els	on	P.O. 7	0x64.7	ocomoke Ci	L. Md	21851
	23. PART I. Entar the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause	caused the death, Do se on each line.	a Mu		re, Rt, Fa	0	Interval Between Onset and Death
		DUE TO	OR AS A CONSEQUENCE O	F):				
CATION	Sequentielly list conditions, If any, leading to immediate	DUE TO	OR AS A CONSEQUENCE O	r):				
	couse, Enter UNDERLYING CAUSE (Disesse or injury	×						
RTIF	that initieted events resulting in death) LAST	OUE TO	(OR AS A CONSEQUENCE O	F):				4 4 4 4
S	DART II Other stanisland on distant							
8	PART II. Other significent conditions	Dise	^	In the underlyi	ng ceuse given		N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL	man of	ung.		eur	Loto	1 TYES	2 NO	OF DEATH?
Z		//						
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28.	PLACE OF DEATH	Check only one)		
HAS	1 YES 2 NO 27. MANNER OF GEATH	26e. DATE OF		E OF 28c, II	me 5 Residence	28d. DESCRIBE HOW	INJURY OCCUR	FO
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	ly, Year) IN.		ORK? YES 2 NO			
2	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	FINJURY — At home, farm, etc. (Specify)	street, factory, off	Ice	281. LOCATION (Street City or Town, State	and Number or F	tural Route Number,
<u> </u>	290. CERTIFIER 1 CERTIFYING PHYSIC	CIÁN: To the best of	my knowledge, death occurr	ad at the time de				
COMPLEI								use(e) and menner as stated.
H H	296. SIGNATURE AND TITLE OF CERTIFIER	P.00	2,2	D	29c. LICENSE N	_		GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF OEATH (ITEM 27) (Type	, Print)	D 27	OM.BE	6	-22-96
1	5302 CHINABE,	RRY DR.	, SALISB	URY,	1D. 2	1801	LLOS	, M.D.
	31. DATE FILED (Month, Day, Year) JUN 27 1996	32. REGISTRAI	ENGLES RENELL					
	0011 8 1 1000	James 6	The same of the					DHMH-16 Rev 1/89

t day at 1

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene AMENDED ITEM #6 Certificate of Death 06/25/96 WCHD PJS 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month 06 **Physician** MERCER 1005 FTRMIN /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 20885 BIVALVE WHARF ROAD BIVALVE WICOMICO If Under 1 Year If Under 24 Hrs. 8. Data of Birth Months Days Hours Min. Month, Day 5. Social Sacurity Number 155-22-9318 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign **Funeral** Days 1 M M Vrs Director Usual Rasidance of Decedant with the Meryland 10b. County 10a. Stata 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23a or 28a-f shot traumatic event, the Medical Examiner must be notified at mol Wiromico 1 ☐ Yas 2 KNo YASKIN Director 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 4673 US TYASKIN 21865 permit. Pagas 1 and 2 should be filed within 72 hours efter death Department of Haalth and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23. Funeral 12. Was Decedant Evar In U,S Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status 1 Yas 2 Ho If Yas, Giva Yaar or Datas: 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No specify: White \$ 3 Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Spacify only highast grada complated) 18b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) BATBER Well Driller GUB 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) John Mercer West BUTG TUDS. 19a. Informant's Name/Ralationship (Type, Print) Design to R 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) PO BOX 1442 SAZISBURY Mol CATOL M 21802 DAYEN other t 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 □ Burlal 2 ☑ Cramation 3 □ Removal from Stata Injury or SAZSBURY Cremoran 6-21-96 SAUSBURY, 4 ☐ Donaflon 5 ☐ Othar (Specify) 21. Signature of Funeral Service Licen 22 any ir Mcssick Feneral MOOGH 131UMZURMEN 2101 23a. Part1. Enfar fha disaasa, or complications that caused the death. Do not anfar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Approximata** Intarval Between Onsat and Death Physician /Medical Immediata Causa (Final disaasa or condition rasulting in death) a ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE YEARS Examiner Dua to (or as a consequence of): Examiner that the deeth certificeta be axecuted physician and s the burial-trans Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Causa (Disaasa or Injury that initiated evants rasulting in death) Last Dua to (or as a consequence of): Physician/Medical Dua to (or as a consequenca of) 98 usa for signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Records, P.O. 1 | Yes 2 | No 3 ☐ Probably 4 ☑ Unknown by 24b. Ware autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? been page 2 should Completed cartificata has 1 ☐ Yas 2 X No 1 ☐ Yas 2 ☐ No Division of Vital funaral director, 25. Was casa referred to medical axaminar? Be 26. Placa of Death (Check only ona) 1√ Yes 2□ No Othar: 4 ☐ Nursing Homa 5 🛱 Rasidance 6 ☐ Othar (Specify) 0 1 ☐ Inpatlant 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Date of fnjury (Month, Day Year) Certification: 27. Mannar of Death 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? Aftar 1 X Natural 5 Panding invastigation hospital or Attanding 24 hours after death. Funeral Director: After 1 Yas 2 No 2 Accidant 6 Could not be datarmined 3 Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of fnjury - At homa, farm, streat, factory, office building, atc. (Specify) compiately filled in by 4 Homicide To the Hospital within 24 hours a To the Funeral C 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the fime, date and place, and due to the cause(s) and manner stated. 29a, Certifian Medical (Check only one) 29b. Signatura and titla of certifian 29c. Licensa number 29d. Data signed (Month, Day, Year)

July

32. Registrar's Signatura

about d'ancher Karlall

30. Name and addrass of person who complated cause of death (tem 23a) (Type, Print)

D.M.E.

BULKELEY, M.D., 108 PINE BLUFF ROAD, SALISBURY, MD 21801

D03599

06-21-96

State Registrar 31. Data filad (Month, Day, Year)

JUN 24 1996

DHMH 16 Rev 6/95

ALCOHOL TOO 4.2

State of Maryland / Department of Health and Mental Hygiene 96 20759

			Ce	rtificate of	f Death		Reg. No.	0 20103
	1. Decedent's Neme (First, Middle, La	ist)				2. Dete of De		3. Time of Deeth
Physician	EMMANUEL		MET	JVIN		JUNE 2	Dey 21. 1996	8:35 A.M.
/Medical	4e. Fecility Neme (If not Institution, gir	re street end number)	MEI	ATIA	4b. City. Town, or	Location of Deet		
/ Examiner								
	THE JOHNS HOPKI			If Under 1 Yee	BALTIMOR or if Under 24 Hr		45.	N/A
Funeral		1. Age	(In yrs. lest birthdey)	Months Dey		n. (Month, De	ey, Year)	Birthplece (State or Foreign Country)
Director	Usuei Residence of Decedent	25	39 Yrs.			11-20	0-56 M	ashington DC
P *	10e. Stete 10b, County		10c. City, Town or Lo	ocation				10d. Inside City Limits
show		/A		shingtor	n DC			1⊠ Yes 2 □ No
the Maryle 288-f shorr noursed at		/A	WG					
들 호텔 그	10e. Street end Number	and ATTAT		10f. Zip Code	20001		10g. Citizen of W	het Country? JSA
23a o	2605 11th Stre	et NW			20001			JOA
Rer dea	11. Maritei Status	12. Wes Decedent Ev Armed Forces?	ver in U,S. 13.	Was Decedent of if Yes, specify Cu	Hispenic Origin? (ben, Mexican, Pue	Specify Yes or No		- American Indien, c, White, etc.
O # # F	1 Never Merried 2 Married	1 ☐ Yes 2 No If Yes, Give		1 □ Yes 2/2/8/0		,	1	Black
hours efter tural; or the	3 ☐ Widowed 4 ☐ Divorced	Yeer or Dates:		TO THE ZACKS	о зреспу.		Specify:	Diack
1 21215-002 led within 72 hours vyglene. The than "netural; in the Medical Exp.	15. Decedent's E (Specify only highest gr	ducation	16e. Dece	dent's Usuel Occi	upetion e during most of w	ortina	16b. Kind of Bus	siness/industry
within sene.	Elementery/Secondery (0-12)	College (1-4or 5+	life.	DO NOT use retir	ed)	UINIII		
d withling of the Man	, , , , , , , , , , , , , , , , , , , ,	4+		ocurement	t Analyst		Gove	ernment
be file that Hyg d other event,	17. Fether's Neme (First, Middle, Last)			18. Mother's Ne	eme (First, Middle	, Meiden Sumeme	9)
ylar Mente Mente entic e	Charles Ray M	elvin 💮			Abh	oie Lee H	Hargrove	
ore, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours ef t Heelth and Mental Hygiene. tem 27 is markened there than "netural; or other traumatic event, the Madrial Exam To Be Completed by I	19e. informent's Neme/Reletionship	Type, Print)	19b. Melli	ng Address (Stree	et end Number or F	Rural Route Numb	er, City or Town, S	Stete, Zip Code)
M 2 dd 2 dd 2 dd 2 dd 2 dd 2 dd 2 dd 2	Barbara Hammett/	Sister	2605	11th St	reet NW,	Washingt	ton DC 2	20001
9 3 E E	20e. Method of Disposition		20b. Plece of Dispo	osition (Neme of		Dete	20c. Location - (City or Town, Stete
Or of H	1 XBuriai 2 ☐ Cremetion 3 ☐			metory or other pi Memoria		6/27/96	Landove	
Baltimore, M permit. Pages 1 and Department of Heelth Important if Hem 27 any Injury or other tr once.	4 Donetion 5 Other (Special					0, 2., 30	Dalla o	22 / 120
Bal Department on the survival	21. Signeture of Funerel Service Lice			2. Neme end Add	ress of Fecility nkins Fur	neral Hor	ne	
20280	Mancy A. F.	er cen he			dover Roa			20785
	23a. Pert1. Enter the diseese, or corr shock, or heert fellure. List only	plications thet caused to	he deeth. Do not en					Approximete intervei Between
Physician	Shoot, or hoof fordie. Elst only	one codes on cour mile						Onset end Deeth
/Medical	immediate Cause (Final	56	PSIS					WIK Java
Examiner	diseese or condition resulting in deeth)	0.						12 0000 B
PERMITTED D			due to (or es e conse		00-	1		1
D, executed in end inel-ransit Examiner	I and the second second	U.	POTIC		CREATI	717		
death certificate be executed death certificate be executed e ettending physician end of for use as the buriel-transit sician/Medical Examir	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	7	ue to (or es e conse	quence of):				1
68760, ifficate be exa g physician e as the buriel-ledical Ex	Cause (Diseese or Injury	c. PAN	CREAT	1717				
K 68760 ortificate be ing physicie as the bur	resulting in deeth) Last	D	ue to (or es e consec					
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Urs urs Ce	20 0 45							WILLIAM WILLIAM
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State of Maryland / Department of Health and Mental Hygiene

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Ш			Kenn	- ()	61.		22	05 5 5		TON RD. A			22206		
-			23a. Part1. Enter th	ne disease, or comp	lications that caus	sed the death.				rdiac or raspiratory			Approximate		
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<u>si</u>	Attending or death. ector: After by the fune	Sat	2 Accident	Invastigation				M 1	☐ Yes 2 ☐ No						
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Ö	a a a b	Certification:			bunding,	olo. (opooliy)					,,				
	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.		29a. Certifiar	1 Sertifying Phy	sician: To the bes	st of my knowl	edge, death	occurred at the	time, date end	place, end due to the	e cause(s) end me	enner as st	ated.		
	P. Fu	Medical	(Check only one)	2 Medicat Exam	Iner: On the basis and manner	of examination stated.	n and/or Inv	estigetion, In my	opinion, death	occurred at the time	, date and placa,	and due to	the causa(s)		
	of the of the office of the of	M	29b. Signature and	title of certifier	1			29c. Lice	nse number		29d. Date signe	Month, i	Dey, Year)		
	H 3 H 0		1	-	ase number 29d. Date signed (Month, Dey, Year)										
	(10)		1	((/	1			D.	13 h	50	6/20/96				
	(10)		30. Name and addre	ess of person who	on pleted cause o	f death (Item 2					_	ľ			
			DAVID /+1	LEN M	D BO	(601	Lee	nardte	run Mg	2063	0				
	Sta	ite		31. Date filed (Month, Dey, Yeer) 32. Registrar's Signature											
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State of Maryland / Department of Health and Mental Hygiene

20761 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Yaar **Physician** MORRISON WALTER 4:37 pm Winfield MAY 1996 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner HOSPITAL GOOD SAMARITAN BALTIMORE | Months | Days | Hours | Min. | March 27, 1937 | West Virginia 5. Social Sacurity Number 7. Aga (In yrs. last birthday) **Funeral** XXM 2DF 223-42-2705 59 Director Usual Residence of Decedant with the Meryland 10a. Stata 10b. County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Insida City Limits Maryland None Baltimore (City) 17 Yas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? United States 3804 Bartwood Road 21215 of America deeth Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status permit. Peges 1 and 2 should be filed within 72 hours effer to Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or item important: If item 27 is marked other than "natural", or item any injury or other traumatic event, the Madical Examines once. Nevar Married 2 Married Saltimore, Maryland 21215-0020 1 Yas 2 No Specify Specify: PV 3 ☐ Widowed 4 ☐ Divorced Black 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) National Association Elementary/Secondary (0-12) Collega (1-4or 5+) Advancement of Colored People Research Director 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) James Morrison Winnie Hendricks 20 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) (Brother) James Morrison 311 Morning Gate Drive Bethesda, MD. 20852 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata May 22, 1996 1 ☑ Burlal 2 ☐ Cramation 3 ☐ Ramoval from Stata Princeton, West Virginia Roselawn Cemetery 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licensee #M00690 22. Nama and Addrass of Facility Richardson Funeral Home prono .Ca 910 Bland Street, Bluefield, West Virginia 24701 warn 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onset and Death Physician immediata Causa (Final disaasa or condition rasulting in deeth) /Medical FATAL ARRHYTTH MIAS CARDIAC 30 minutes Examiner Dua to (or as a consequence of): Examiner KLEBSIELLA 2 WEEK S VEPSIS ettending physician and for use es the buriel-trensit Sequantially list conditions, if any, laading to immediata causa. Enter Underlying Cause (Disease or Injury that initiated evants rasulting in death) Last Dua to (or as a consequance of): Box 68760. certificate be Physician/Medical Dua to (or as a consequence of): P.0. deteched Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? the signed by 1 ☐ Yee 2 No 3 ☐ Probably 4 ☐ Unknown END STAGE RENAL DISEASE Division of Vital Records. à 8 been sig 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy CONGESTIVE HEART FAILURE page 2 s hes 1 ☐ Yas 2 🖾 No 1 ☐ Yas 2 ☐ No certificate 25. Was casa raferred to medical axaminar? funeral director Be 26. Placa of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 1 Yas 2 No 7 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Mannar of Deeth 28a. Data of Injury (Month, Day Year) 28b. Tima of Certification: 28c. Injury at Work? 28d. Describe how Injury occurred Affer Attanding 1 Natural 5 Pending Invastigation deeth. 1 Yes 2 No 2 ☐ Accident or Attances of the other of the other of the other of the other of the other o filled in by the 6 Could not be datermined 3 Sulcida 28a. Place of Injury - At home, farm, street, factory, offica bullding, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida Hospital 24 hours 1) Certifying Physician: To the best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and menner es stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and dua to the causa(s) and manner stated. 29e. Certifian To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signatura and titla of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year) Lema Sayero 30. Name and addrass of person who co plated causa of death (Item 23a) (Type, Print) Lock Rowan Blud Somouitau Hopp 601 POOL 31. Data filed (Month, Day, Year)

Registrar

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State of Maryland / Department of Health and Mental Hygiene

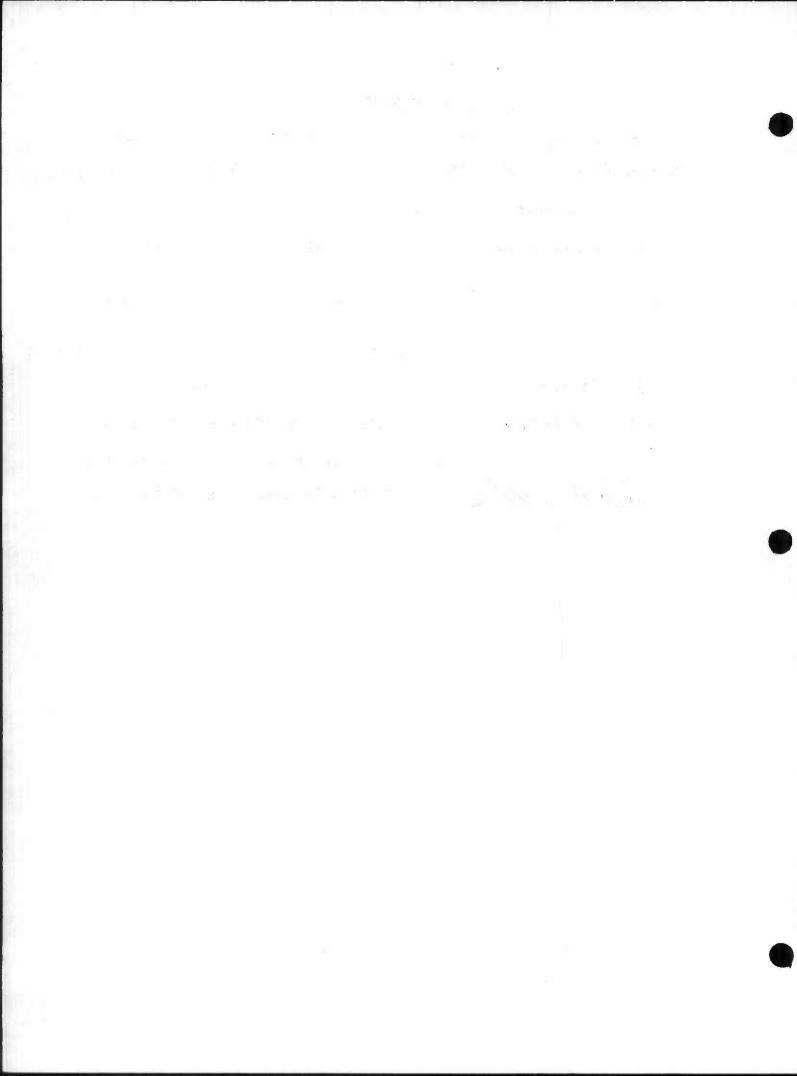
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	Meryland I-f show	tor	10a. State ND. 10b. County WORCES	TER BE	ity, Town or Loc RLIN	eation				10d. Inside City Limits 1
	h with the 23a or 28a	Funeral Director	10e. Street and Number 3 FRANKLIN S	SQUARE		10f. Zin Co	811		10g. Citizen of W	/het Country?
020	s 1 end 2 should be filed within 72 hours efter death with the Meryland if Health and Mental Hygiene. Item 27 is marked other than "natural", or itema 23s or 28s-f show other traumatic event, the Medical Exement must be recitied at	þ	11. Meritel Status 1 Never Married 2 Merried 3 D Widowed 4 Divorced	12. Wes Decedent Ever in U Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:	If	les Decedent Yes, specify	of Hispenic Origin? (Cuben, Mexican, Pue No Specify:	Specify Yes or Norto Ricen, etc.)		e - American indien, k, White, etc. HITE
21215-0020	filed within 72 ho Hygiene. ther then "netur ent, the Medical.	Completed	15. Decedent's Edu (Specify only highest grad Elementary/Secondery (0-12)	cetion le completed) College (1-4or 5+)	16e. Deced (Give A life. D		ocupetion one during most of w otired)	orking	16b. Kind of Bu	
Maryland	should be filed with nd Mental Hygiene. marked other ther umatic event, the	To Be C	17. Fether's Neme (First, Middle, Last) JOHN STUART					ame (First, Middle	, Maiden Sumam	
Man	end 2 sho sath and I n 27 is ma		19e. Informent's Neme/Reletionship (7)	• •		Address (St	DRIVE B	Rural Route Numb	MD., 2	
Baltimore,	8 = 5		20e. Method of Disposition 1 Suriai 2 Cremetion 3 F 4 Donetion 5 Other (Specify)	20b. Removel from State	Plece of Dispos cemetery, crem	ition (Neme o etory or other	of	Date		City or Town, Stete
Balti	permit. Pa Depertmen Important: any injury once		21. Signature of Fup@al Service Cicens	700	22.	Name end A	ddress of Fecility FUNERAL		BERLIN	
	Dhysisian		23a Fust Enter the disease, or complete the control of the control	ications thet ceused the dee ne ceuse on eech line.	th. Do not ente	r the mode of	dying, such es cardie	ec or respiretory e	rrest,	Approximete Intervel Between Onset end Deeth
	Physician / edical Ex miner		Immediate Ceuse (Finel disease or condition resulting in deeth)	· prev	n ovi	2				3 days
	outed and ransit	Examiner	Sequentially list conditions				- failu	n		3 days
68760,	icate be executed physician and s the bunal-transit	edical Ex	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Lest	Ç	or es e consequ					
Box (death certific e attending pl od for use as t			d						
P.O. E	0 0 2	Physician/M	Pert II. Other significant conditions con	ntributing to death but not re-	sulting in the un	derlying ceus	e given in Pert I.	1	tobacco use con Yes 2□ No	tribute to the cause of death? 3 Probably 4 Minknown
Records,	requires been sign ahould be	Completed by						24a. Wes	en eutopsy omed?	24b. Were eutopsy findings eveilable prior to completion of cause of death?
al Re	The ate h page							10	Yes 2 10	1 ☐ Yes 2 ☐ No
Vital	Physicism: The this certificate ral director, pag	To Be	25. Wes cese referred to medical examiner?	lospitel: 1 Inpatient 2	ER/Outpetient	3□ DOA	Other:	eath (Check only Home 5 Resi		or (Spacify)
ion of	ding Ph h. After th funeral		27. Manner of Deeth 1 Neturel 5 Pending 2 Accident investigation	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c.	Injury et Work?	1	how injury occurre	
Division	To the Hospital or Attend within 24 hours efter deeth To the Funeral Director: / completely filled in by the	Certification:	3 Sulcide 6 Could not be determined	28e. Plece of Injury - At h building, etc. (Speci	ome, ferm, stre	et, fectory, of	ice	28f. Location (City or To		er or Rurei Route Number,
	To the Hospital or within 24 hours efter To the Funeral Dir completely filled In	edical	29a. Certifier 1 Certifying Physical Check only one) 1 Medical Examination	ner: On the best of my knowner: On the basis of examination and menner steted.	owledge, deeth ation end/or inve	occurred et the estigetion, in r	e time, dete end pled ny opinion, deeth occ	ce, end due to the curred et the time,	ceuse(s) end mer dete and plece, e	nner es steted. and due to the cause(s)
	To th Withir To th	W	29b. Signature end title of certifier	v /			cense number			(Month, Day, Year)
		5	30. Neme and eddress of person who co	phys	16/2 J	H	44283		7/21	196 2- MD
-			Kobert Dur	9733	1/C 2/	177 W	44283 zy Dr	-ivp	Berl	a, MD
	Sta Registr		31. Dete filed (Month, Dey, Year)	32. Negistier's Sign	eture					

DHMH 16 Rev 6/95



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

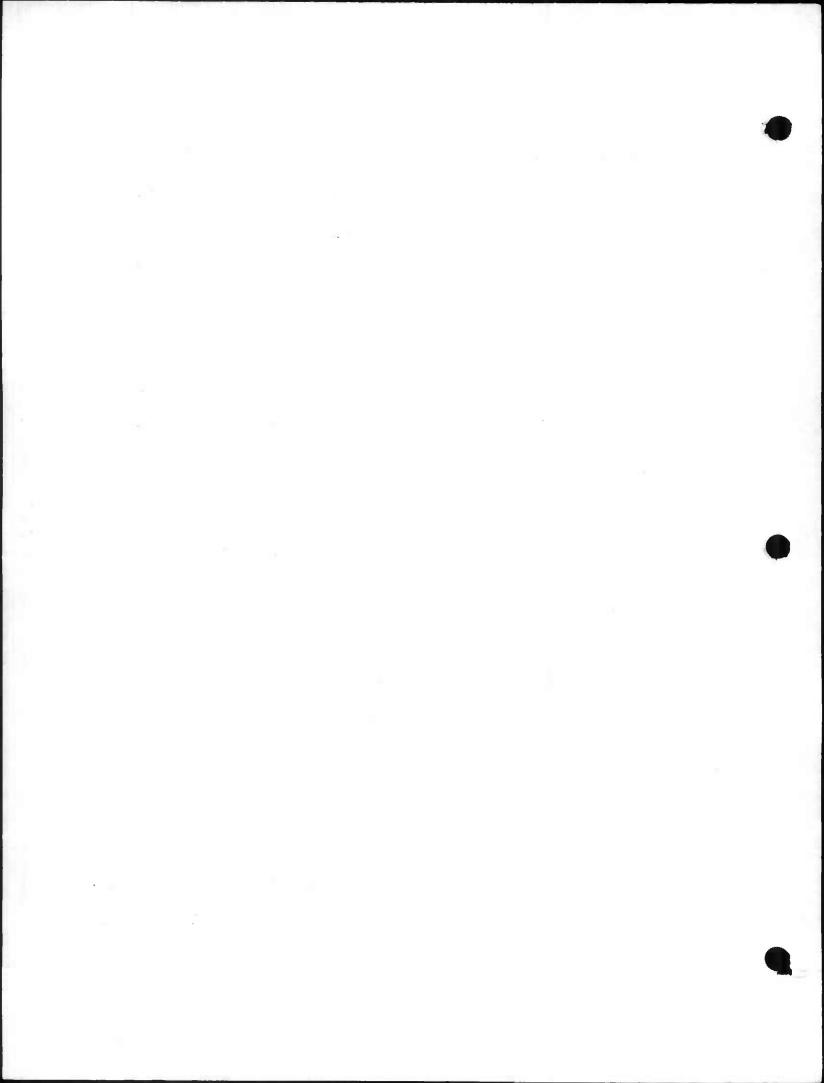
3

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)		OEITH 107	TIL OI	DEATH	2. DATE OF DEATH		3. TIME OF DEATH		
	Alexander Lei	Rov	MacArthu	r		June 27, 19	996	10:00 PM		
			n yrs. last birthday)#F t	JNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		HPLACE (State or Foreign		
			4 YRS.	THS DAYS	HOURS MIN.	Apr 11,		hode Island		
_	9a. FACILITY NAME (If not institution, give stre		9b.	CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY OF	DEATN		
5	Solomons Nursing I	Home		Solon	ons		Calver	t		
HECTOR	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ON			10d. INSIDE CITY		
5	Florida Volu	ısia	New	Smyrna	Beach			1 X YES 2 NO		
3	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
FUNEHAL	1502 Magnolia Str				32168		U.S.A			
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yea, ape	ENDENT OF NISPAN city Cuben, Maxica 2 10 NO Specify	HC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	or No- 14. RAC Bla	CE — American Indian, ck, White, atc.		
6	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ITES	Spe	White					
0	15. DECEDENT'S EDUCA (Specify only highest grade or		18a. DECEDENT'S USU	AL OCCUPATIO	N It of working	16b. KIND OF BUS	INESS/INDUSTRY			
	Elementary/Secondary (0-12)									
Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade 17. FATHER'S NAME (First, Middle, Last) Clerk Railroad 18. MOTNER'S NAME (First, Middle, Malden Surname)										
	17. FATHER'S NAME (First, Middle, Last)		M2 13			ME (First, Middle, Malden	_			
2	David All 198. INFORMANT'S NAME (Type/Print)	ison	MacArthu		Lula	May Route Number, City or Town	Roc	p		
2	Charles A. MacArt	·hur				, Californ		20619		
	20m. METNOD OF DISPOSITION	20b.	PLACE AND DATE OF DI				CATION — City or 1			
	1 Buriel 2 Cremation 3 Ramov	/al from State cem	etery, crematory or other petropolita	n Crem	atory 6	5/29/96 Ale	xandria	. Virginia		
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME AN	D ADDRESS OF FA	CILITY				
	Mychoole	Harden	Mattingley-Gardiner Funeral Home P.O. Box 270, Leonardtown, Maryl							
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	en,	meta	dasc		Onset and Daeth		
PHYSICIAN: MEDICAL	PART II. Other eignificant conditions Chrou'c ch	structur	i lung c	lives	se.	PERFOR	MED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN? 1 TYPES 2 THO		
AN	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (Check only one)	UNCERTAI	N LL				
2	EXAMINER?	HOSPITAL:	OT	THEM:	S D Sentiture	6 Other (Specify)				
1	27. MANNER OF DEATN	28a. DATE OF INJURY	28b. TIME OF	28c. INJ	URY AT	28d. DESCRIBE NOW II	NJURY OCCURED			
7	1 Natural 5 Pending	(Month, Day, Year)	INJURY		RK? 'ES 2 NO					
	2 Accident investigation 3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, term, stree	t, tectory, offic	,	28t. LOCATION (Street a City or Town, State)	and Number or Rura	l Route Number,		
COMPLEIED	cool	CIAN: To the best of my know						(a) and menner as stated.		
Z H	29b. SIGNATURE AND TITLE OF CERTIFIER	100			29c. LICENSE NUI	MBER 22	29d. DATE SIGNE	D (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type, Prin	nt)	,		-/	7.6		
	Jonathan Fears, M			Princ	ce Frede	rick, Mary	land 20	678		
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson-Rondall.										



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Nema (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** JUN99th CARL MCKENZ I E 9:45A /Medical 4e. Fecility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Prince Georges Hospital Cheverly, MD Prince Georges Hours Min. 8. Deta of Birth Month Day, May 21, 5. Sociel Security Number If Undar 1 Year 6 Sax 7. Age (In yrs. lest birthdey) 9. Birthplaca (Stata or Foreign **Funeral** Months 1 XM 2 ☐ F Washington, DC 46 Director 578-68-2357 Usuel Rasidance of Decedani 10b. County 10c. City. Town or Location 10d. Insida City Limits 28a-f show 7 is marked other than "natural", or items 23s or 28s-f shov traumatic event, the Medical Expresser must be notified as Forestville, Maryland Maryland Prince Georges 1 Yes 2 No Director 1/2 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 20747 United States 8112 Phelps Place Funeral Was Decedant of Hispenic Orlgin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 12. Wes Dacadent Ever in U,S. Armed Forcas? 14. Race - Amarican Indian, Black, White, etc. 1 ☐ Yas 2 ☐ No If Yes, Giva Yaar or Datas: 1 Nevar Married 2 Marriad Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yas 🗶 No Spacify: by Specify: **Black** 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry permit. Peges 1 end 2 should be flied within 72 l Department of Health and Mental Hygiene. Important: If Itam 27 is marked other than "natu any Injury or other traumatic event, the Medica Elamantary/Secondary (0-12) Collaga (1-4or 5+) Private Computer Operator 12 17. Fathar's Nama (First, Middle, Last) 18, Mothar's Nama (First, Middle, Maidan Surnama) Be Vernetta Kinard Edward Spencer 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 8112 Phelps Place Forestville, MD. 20747 Vernetta Beckett/Mother 20b. Placa of Disposition (Nema of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Steta 1 Burial 2 Cramation 3 Removel from Steta 4 Dopation 5 Othar (Specify) 6/27 Laurel, Maryland Maryland National Cem. 21. Signature of Fameral Service Licenses Alexander S. Pope Funeral Homes 5538 Marlboro Pike Forestville, MD. 20747 23a. Part. Enter the disease, or complications that cause the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximete Intarval Between Onset end Death **Physician** Sepas Medical Immediate Ceuse (Finel disaasa or condition rasulting in deeth) 2-3 Days -∟xaminer Dua to (or as a consequenca of) Examiner 2-3 Days. signed by the attending physician and be detached for use as the buriat-transit Due to (or es e consequance of): Sequentially list conditions, if any, leading to Immadiete cause. Enter Undarlying Ceusa (Disease or injury certificate be Physician/Medical thet Initieted evants rasulting in death) Last Due to (or es a consequence of): Pert II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 No 1 🗆 Yee 3 Probably 4 Unknown þ page 2 should be Chronic Renal Failure. 24b. Were autopsy findings available prior to Completed 24a. Wes an eutopsy performed? completion of cause of death? has Anaemia. 1 Yas 2 No 1 🗌 Yas 2□ No certificate 25. Was casa rafarred to medical axaminer? Be 26. Placa of Death (Check only ona) Hospital: 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 1 Yas 2 No Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) To 28a. Data of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? 1 Natural 5 Pending 1 ☐ Yas 2 ☐ No 2 Accidant invastigation 6 Could not be datarmined 3 Suicida 28a. Placa of Injury - At homa, farm, streat, factory, offica building, etc. (Specify) 28f. Location (Streat and Numbar or Rural Route Number, City or Town, Stete)

Division of Vital Records, P.O. Box 68760

To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this cartification physicial director; After this cartification in the funeral director; the funeral director; the funeral director; the funeral director; the funeral director; the funeral director; the funeral director; the funeral director; the funeral director; the funeral director; the funeral director; the funeral director; the funeral director; the funeral director; the funeral director is the funeral director; the function of the funeral director is the funeral director.

edicai

State Régistrar

30/Nama and addrass of person who complated cause of death (Item 23a) (Type, Print) TARMIT 5 31. Data filed (Month, Day, Year) JUN 25 1996

29b. Signatura and title of cartifiar

4 Homicide

(Check only one)

> 5632 Annapolis Rd # 14 BLADENSBURG MO 20710. AUJLA 72 Registrar's Signature

Two Certifying Physician: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. Licensa number

0-42580

29d. Data signed (Month, Day, Year)

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

20766

Physician
/Medical
Examiner

3. Tima of Daath

10d. Insida City Limits 1 XYas 2 □ No

11:28 PM

Funeral Director

9. Birthplaca (State or Foreign BISHOPVILE, S.C

Funeral Director

Be

the Maryland r 28a-f show 0 8 daath with ms 23e Items Completed by

"netural", or Item treumatic event, the Medical f Hygiane.

filed within 72 hours after Pages 1 and 2 should be fament of Health and Mental I in it item 27 is marked of other to H permit. Paga Department of Important: If eny injury or once.

21215-0020

Baltimore, Maryland

Physician /Medical Examiner

or Attending Physician: The law requires that the death cartificate be executed the burial-tran ate has been signed by the e page 2 should be deteched f Aftar this cartificate eral Director: Aftar thir filled in by tha funaral daath. To the Hospital within 24 hours a To the Funeral Complately filled

Completed by

Be (

2

Certification:

Medical

State

Registrar

Division of Vital Records, P.O. Box 68760,

1. Dacedant's Name (First, Middla, Last) 2. Data of Daeth Month Day DELORIS 1996 MCRAE JUNE 24 4a. Facility Nama (If not institution, give streat and number) 4b. City, Town, or Location of Daeth 4c. County of Death SUBURBAN HOSPITAL **BETHESDA** MONTGOMERY 5. Social Security Number If Under 1 Yaar | If Undar 24 Hrs. 7. Aga (In yrs. last birthday) 1 M 2 X F Deys 577.80-3032 38 Yrs. Usual Rasidanca of Dacedant 10a. Stata 10h County 10c. City. Town or Location xonhi 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? #10 SF 20 12. Was Decedent Ever In U,S. Armed Forcas? 1 ☐ Yas 2 No If Yas, Giva Yaar or Datas: 13. Was Decedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxicen, Puerto Rican, atc.) 11. Marital Status 14. Race -Race - Amarican Indian, Black, Whita, atc. 1 □ Navar Married 2 □ Marriad 1 ☐ Yas 2 No Specify: 3 ☐ Widowad 4 🕱 Divorced 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Spacify only highest grada complated) 16b. Kind of Businass/industry Elementary/Secondary (0-12) Collaga (1-4or 5+) 12 yrs, Colledge IVER head 2 yrs. INE MOY 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumame) JAMES 19a. Informant's Name/Relationship (Typa, Pnint) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 33-Maury Vaomi W 20a. Method of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other g Date 20c. Location - City or Town, Stata 1 Bunal 2 Cramation 3 Ramoval from State 4 Donetion 5 Other (Spacify) 29/96 armony 21. Signatura of Funaral Sarvice Liceral tunera 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Immadiata Cause (Final disaasa or condition rasulting in death) Due to (or as a consequance of): Dua to (or as a consequence of): Dua to (or es e consequance of):

Sequantially list conditions, if eny, laading to immadiata ceusa. Entar Undarlying Causa (Disaasa or Injury that Initiated avents rasulting in death) Last Physician/Medical

Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contributa to the cause of death? 210 No 1 Tyes 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings available prior to complation of ceuse of death?

Approximata Intarval Batween Onset end Death

2 No 26. Place of Death (Check only one)

5 ☐ Rasidance 6 ☐ Othar (Specify)

1 Yas 2□ No

25. Was cesa referred to medical Yas 2□ No

> 2 Accidant 3 ☐ Suicida

4 Homicida

27. Manner of Death 5 Panding Invastigation 1 Natural

6-24-96 28a. Place of Injury - At homa, ferm, straat, factory, office building, etc. (Spacify)

ess of person who completed ceuse of daath (Item 23a) (Type, Print)

1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

Othar: 4 Nursing Home

2 □ No

28d. Describe how Injury occurred Scheet struck

425

tive wire 14 City or Town State)

Y 25 Bowleshy J. NW

1 Certifying Phyeician: To the bast of my knowledge, death occurred at the time, data and plece, end due to the cause(s) and manner as stated was to the cause (s) and the cause (s) and the cause (s) are the cause (s) and the cause (s) are the cause (s) and the cause (s) are the cause (s) and the cause (s) are the cau 29a. Certifie

6 Could not be

Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29d. Data signed (Month, Day, Yeer)

29b. Signatu

29c. Licensa number O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201

JUNE 25, 1996

lockt

31. Data filed (Month, Day, Year) JUN 27 1996 Registrar's Şignatura

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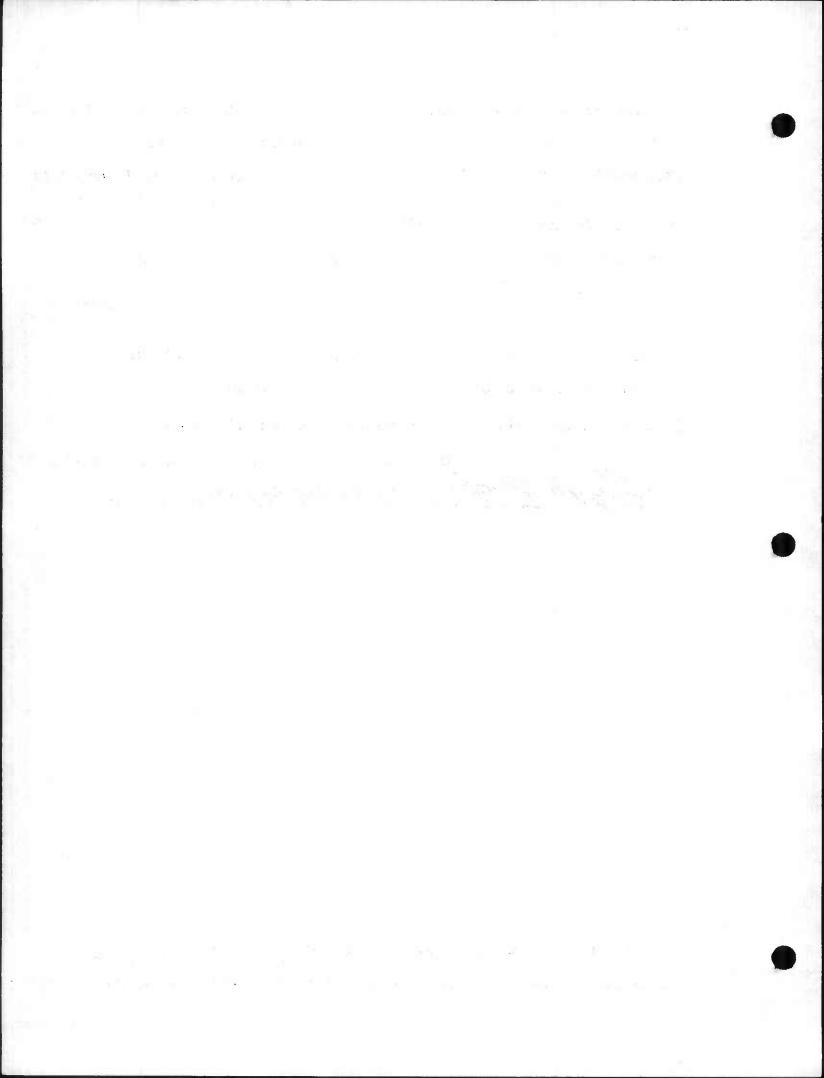
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

20768

_					Certificate of Death						Reg. No.						
	Physic /Medi		Decedent's Nama (First, Middle Bessie			4	2. Data of D June 1		°1996	Yeer	3. Time 7:15	e of Death PM					
	Exami		4e. Fecility Nama (If not institution, Physicians Memoria	give street and no l Hospital	umber)				4b. City, To LaPlat		cation of Dea		c. County Charle	of Death			
	Funeral Director		5. Social Security Number 246-52-1272 Usual Rasidance of Dacedant	6. Sex 1 ☐ M 2 ☑ F	7. Age (In y	rs. last birthday) Yrs.	If Und Month	er 1 Yae s Dey		24 Hrs. Min.	8. Deta of E (Month, I May 1	Sirth Day, Year 2, 1	935	9. Birthpi Count Nort	iace (Ste try) h Ca	te or Foreign	
	Maryland Fel show	tor	10a. State 10b. County Maryland Char	les		city, Town or Lo Charlott		ıll						10		e City Limits	
	th with the 23a or 28	Funeral Director	10e. Street and Number 12900 Norwood Di	rive				ip Coda 20622					itizen of V	Whet Coun	try?		
020	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health end Mentel Hygiene. item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	by	11. Maritei Status 1 Navar Married 2 Marrie 3 Vidowed 4 Divorced	Armed F	2X No iva		Was Ded If Yes, sp 1 ☐ Yas		Hispanic Orl ban, Maxicer Specify:		city Yas or t Rican, etc.)	io-	Bia	ce - Amarico ck, Whita, e y: Bla	etc.	l _p	
21215-0020	within 72 ho ene. than "natur	Completed	15. Decedent' (Specify only highas) Elamantary/Secondary (0-12)	grada complatad,	(1-4or 5+)	lifa.	kind of 1 DO NOT	vork don use retii	e during mos	st of workin	ng			usinass/Ind	lustry		
Maryland 2	2 should be filed within end Mentel Hygiene. is marked other than reumatic event, the Mentel than the Mentel the Mentel than t	To Be Co	17. Fathar's Nama (First, Middla, L Hack	ast)	aison	nc	mema	rver	18. Moths		(First, Midd				ter		
	t. Page rment or rlant: If		19e. informant's Name/Reletionsh Lawrence A. Nels			12900	Nor	wood	d Dr.,								
Baltimore,			20a. Mathod of Disposition 1 ☑Buriai 2 ☐ Cremation 4 ☐ Donation 5 ☐ Othar (Sp		State		Pea	rother p	Cemete		Data 20c. Location - City or Town, Steta 5/19/96 Helen, Maryland						
Ball	permit. Pa Departmen Important: any Injury once.		21. Signature of Funeral Service L	22. Nama end Addrass of Facility Mattingley-Gardiner Funeral Home, P.A. P.O. Box 270, Leonardtown, Maryland 20650 23a. Part Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardled or respiratory errest, interval Batwon, or heart failure. List only one cause on each line. Approximate interval Batwon.													
ox 68/60,	Certificate be assected ding physician end ding physician end see as the burial-transit	/Medical Examiner													10	days	
.O. Bo		Physician	Part ii. Other aignificant condition	a contributing to d	faath but nof i	esulting in tha u	ndarlying	ceusa	givan in Part I	1.	23b. Did tobacco usa contribute to the cause of					se of death?	
of Vital Records, P.	lew requires that the death ias been signed by the atter is 2 should be detached for u	Completed by Phy									24a. Wa	1 Yee 2 No 3 Probably 4 Was an autopsy performed? 24b. Wara autop evailable pri completion of deeth?			sy findings or to		
a a	The ate h										10	Yes :	2 (1) No	1□	Yes 2	≧□ No	
	ding Phys h. After this funeral di	25. Was rise refarred to medical exal .er? 1 Yes 2 1/10 Hospital: 1 1/10 Inpatiant 2 ER/Outpatient 31						28c. ini W	thar: 4□ Nu	ursing Hon	(Check only ne 5□ Ra 28d. Dascrib	sidence			')		
Division		Certification:	3 ☐ Sulcida 6 ☐ Could no 4 ☐ Homicide datarmin	ed 28a. Placi	e of Injury - Ai ling, atc. (Spe	t homa, farm, str cify)	aat, facto	ory, office	9	2	28f. Location City or T	(Streat a	in <i>d Numb</i> ta)	per or Rura	/ Routa N	lumber,	
	n 24 hours in 24 hours he Funeral pletely filled	edical	29a. Cartifier 1 ★ Certifying (Check only one) 2 ★ Madical E	Physician: To the back men	a best of my k basis of axami nnar statad.	nowledga, death nation and/or in	occurre estigation	d at tha on, in my	tima, data an opinion, daa	nd place, a ath occurra	nd dua fo th ad at the time	e cause(e, dete er	s) end me nd place,	ennar as sta and dua to	ated. tha caus	a(s)	
	To the Within 2 To the comple	X	29b. Signatura end titla of certifiar	Rub			2	29c. Licanse number D45737					1	6 / 9)	
(16)		30. Nama and address of person w Nirmaladevi Gurusan	ny, MD 113	sa of daath (19 245 Pemb:	tem 23a) (Type, rooke Squa	Print)	Suite	104	Waldon	of, MD	20603					
	Sta		31. Data filed (Month, Dey, Year)		Registrer's Sig	matura Post	2.11										

State of Maryland / Department of Health and Mental Hygiene 96

						Certifica	ate of	Death		Reg. No.		2070:)		
			Decedent's Nema (First, Middla, Last)						2. Dete of Dec	3. Tima of Death					
	Physici /Medic		HELEN SCHA	IEBLY		NIE	MYE	2	Month	Day	Yeer 1996	5:25 PM			
7	Examir		4a. Facility Neme (If not institution, gi					4b. City, Town, or							
			Williamsport N	ursing Hom	ne			William	sport	Wash	ingto	on			
	Funeral			Sax 7. Aga (In yrs. last bir	Month	der 1 Yaar	If Undar 24 Hrs	8. Dete of Birt	h v. Year)	9. Birthpl	eca (Stata or Forei	gn		
	Director		219-20-4816 Usuel Residence of Dacedent	99	99 Yrs.				1897	Mary	land				
	ylend		10a. Stata 10b. County	1	Oc. City, Town	n or Location					10	d. inside City Limit	s		
	th the Mary or 28a-f sh e notified	tor	MD Washin	Villia	lliamsport					127					
		Director	10e. Street and Number				Zip Code			10g. Citizen of	What Coun	iry?			
	th wi		12G Milestone	cs.		2179	95		U.S	.A.					
Maryland 21215-0020	within 72 hours efter deeth with the Manyland ena. than "naturel", or items 23e or 28e-f show he Madical Examiner must be notified at	Funeral	11. Merital Status	12. Was Decedent Eve Armed Forces?	ar in U,S.	13. Wes De	cedant of Hispanic Origin? (Specify Yes or specify Cuben, Mexican, Puarto Rican, etc.)			- 14. Rec	ce - Amarica				
		b	1 ☐ Nevar Marriad 2 ☐ Marrled 3 🌠 Widowed 4 ☐ Divorced	1 ☐ Yes 2 No If Yes, Give Yeer or Datas:				Specify:	,	Specif					
	i within 72 ho piena. r than "natur the Madical	Completed	15. Decedent's E (Specify only highast gr	ducation	16a.	Decedent's Usuel Occupetion			rkina	16b. Kind of B	Ind of Business/Industry				
	within ena. than "	nple.	Elementery/Secondery (0-12)	College (1-4or 5+)			re kind of work done during most of DO NOT use retired)		rking	Resi					
12	Tarry Today Br. State		12				aker			9					
Baltimore, Maryland	b d al	Be	17. Fether's Neme (First, Middle, Last					me (First, Middle, Melden Sumama)							
	d 2 should be f th end Mental I 7 is marked of traumatic eve	P	Harry Masters 19e. Informent's Neme/Relationship		401	Na State Add	(0)		Elizabe			0.71	_		
	12 4 2		Elizabeth S. N.					ne Gard				2 1 7			
	s 1 end 2 of Health Item 27 i		20e. Mathod of Disposition	remyer	20b. Plece of	Disposition (Verne of	T	Dete Dete	20c. Location			_		
	ages ant of t: If If y or		1 Burlal 2 Cramation 3 € 4 Donetion 5 Other (Speci			y, cremetory o		1	20/06						
	permit. Pages 1 Depertment of I- Important: If Ite any Injury or ot		21. Signetura of Funerel Service Lice		St. P	Paul C		ass of Facility	28/96	Clear	Spri	ng, MD			
	Deperiment of the police of th		Michael	& Neis	ur_	Thom	oson	Funera 310 Cl			1D 2	1722			
-	Physician /Medical Examiner		23a. Pert1. Enter the disease for conshock, or heart fellure. List only	polications that caused the one ceuse on eech line.	e deeth. Do r							Approximete Interval Between			
1										Onset and Deeth					
		н	Immediate Ceuse (Finel disease or condition resulting in deeth)	PIVEUM		i	24 Hours	>							
		1	resulting in deeth)	Du	ue to (or es e d	consequence	of):								
	eath certificate be assecuted ettending physician and for use as the bunal-transit	nlne		b							<u> </u>				
ó,		Examiner	Sequantially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseasa or Injury	Du	e to (or es e o	o (or es e consequence of):									
68760,		edical	thet Initiated events resulting in deeth) Lest	c	a to (or as e c	onsequance o	f):			-					
×	e as	2													
BO	death co	lan		g											
Division of Vital Records, P.O.	t the d	Physician/	Part II. Other significant conditions of	contributing to death but r	not resulting in	the underlyin	g cause gi	iven In Part I.	23b. Dld 1	ntribute to	ute to the causa of death?				
									1 ☐ Yes 2 No 3 ☐ Probably 4 ☐						
	Se G a	d by							24a Was	en eutopsy	24b. We	re autopsy findings	-		
	0 0	Completed							perfo	rmed?	ave	ilable prior to			
	The law ate has b page 2 s	d mc								. sch.		leath?			
	ician: The certificate rector, pag		25. Wes case referred to medical					00.00	101		1	Yes 2 No	_		
		To Be	exeminer?	Hospitel:	2 ER/Out	tpetient 3		eeth (Check only one) Home 5 ☐ Residence 8 ☐ Other (Specify)							
	Phys er this		27. Menner of Deeth	28e. Date of Injury (Month, Dey Y		ime of	,		28d. Describe h)	-		
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	atlo	1 Naturel 5 ☐ Pending 2 ☐ Accident Investigation		ear) Ir	28b. Time of 28c. Injury et Work?			No						
		Certification:	3 Suicide 6 Could not be determined	- At home, fer Specify)	rm, street, fact		28f. Location (5 City or Tox	cation (Street end Number or Rural Route Number, y or Town, Stete)							
		edical C	29a. Cartifier (Check only (Check only 2 Medical Examinar: On the best of my knowledge, death occurred et tha time, dete end plece, and due to the ceuse(s) end menner es steted. 2 Medical Examinar: On the best of exemination end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s)												
	To the within 2 To the comple	Mec	29b, Signature and title at distriler	and manner steted	g.		Or Lican	sa number		20d Data signe	ata signed (Month, Dey, Yeer)				
	8 4 8 4		TERMIN	mi		29c. Licansa number									
		Į	Myselle	11-5			0)	7100		JUNE 3	7. (996			
			30. Name and address of person who	completed cause of deet	, , ,		0010	D P		0 000					
	C		31. Dete filed (Month, Dey, Year)	32. Registrer's		OVER	DOK	BIC. 151	oonsbor	J. IVID					
	Sta	te		HOOC AL. A	A A	0 4									

Market Commence (Fig. 7 Mg.)

FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	negis i nan	_			CERTIF	ICALE	Ur	DEA	I H		REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Leet) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEAT								. TIME OF DEATH									
						stroff				June		1996		10:20 A M				
				s. last birthday)				R 24 HRS.	7. DATE O	F BIRTH	8. BIRTHPLACE (State							
	217-12-0498		1 M 2 - F	79	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept	Day, Year) 21.	1916	Country)	inia				
	9a. FACILITY NAME (If not institution, give street and number)					9b. CITY	TOWN	OR LOCATI	ON OF DE				TY OF DEA					
۳۱																		
DIRECTOR	Avalon Manor Home Inc.						erst	OWIL				Wasi	ningt	on				
Ų ļ							R LOCA	TION					1	Od. INSIDE CITY				
5	Maryland Washington				Ha	agers	town	n					1	LIMITS?				
-	10e. STREET AND NUMBER					10f. ZIP CODE						10g. CITIZEN OF WHAT COUN						
	Route # 8 Box 35					21742						USA						
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR				S. ARMED						/Specify Ver			- American Indian.				
	1 Name Married 2 Married FORCES? 1 X YES 2			NO	NO If yes, specify Cuban, Maxican					can, atc.)	I OI NO	Black, White, alc.						
	3 X Widowed 4 Divorced 1943 - 1944					1 TES 2 X NO Specify:						Specify: White						
۱ ب	15. DECEDENT			184	. DECEDENT'S	USUAL O	CUPATI	ON		166	KIND OF BUS	SINESS/INDI	USTRY					
=	(Specify only highest grade completed) (G					Give kind of work done during most of working b. Do NOT use retired.)												
COMPLETED	College (1-4 of 5 +)					Clerk					I. R. S.							
5	17. FATHER'S NAME (First, Middle, Last)																	
	Isidore Ostroff					16. MOTHER'S NAME (First, Middle, Maiden Surname) Ethel Schockett												
BE	19a. INFDRMANT'S NAME (Type/Pris		•		19b, MAILING	4000500	(0)											
2	The second of th	ohm.	an		14014									L 7 42				
	20a. METHOD OF DISPOSITION	OLLII	arr -						nage	_	<u> </u>							
	1 Deurlat 2 Cremation 3		ovel from State		KY GED V				3.7	6/28		CATION - (-					
	4 Donation S Other (Specif	**			ky Gap v		10 00		-	F/	FILL	ntsto	ne, r	Maryland				
	22. NAME AND ADDRESS OF FACILITY Gerald N. Minnich 305 N. Potomac Street											c Street						
	Funeral Home Hagerstown, Maryland																	
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate																	
	shock, or haart failure. List only one cause on sech line.									Interval Between Onset and Daeth								
1	IMMEDIATE CAUSE (Final disease or condition																	
ŀ	disease or condition resulting in death) s. Cincol Run Full DUE TO (DR AS A CONSEDUENCE DF):											2-3mil						
_			552.15	(0117101100		· y.												
5	Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE DF):																	
CATION	cause. Enter UNDERLYING									İ								
	CAUSE (Disease or injury that initiated eventa DUE TO (DR AS A CONSEDUENCE DF):											+						
	resulting in death) LAST																	
CERTIFI		-																
ا ہے	PART ii. Other algnificent con	ndition	s contributing to	daath but r	not resulting	in the un	darlyin	g cause	givan in	Part i.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS				
EDICAL	Anteriorderote Cardinarale												COMPLETION					
ME																		
	Anter Direct																	
₹	25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one)																	
SICIAN:	EXAMINER?		HOSPITAL:	FR/Outpetler	nt 3 🗆 DOA	OTHER	l:											
	45 Intering Hotile 3 C Residence 6 Cottler (Specify)																	
1 Netural 5 Pending (Month, Day, Year) INJURY WORK?										200, 5200	3. DESCRIBE HOW INJURY OCCURED							
ō	2 Accident Investigation																	
3	3 Suicida 6 Could not be determined 28s. PLACE OF INJURY — At home, larm, street building, stc. (Specify)					aneat, racti	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
۱.																		
COMPL			CIAN: To the best of															
5	one) 2 MEDICAL EXAMINER: Dn lihe basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.																	
0	29b. SIGNATURE AND TITLE DF CERTIFIER										29d. DATE	I. DATE SIGNED (Month, Day, Year)						
a	- Butte mo					D18017 Dun 2619						61996						
2	30. NAME AND ADDRESS OF PERS	DN WH	COMPLETED CAU	SE DF DEATH	ATH (ITEM 27) (Type, Print)													
							sto	wn. i	Marv	Land	21740	0						
	Dr. Vasant Datta 334 Mill Street Hagerstown, Maryland 21740 31. DATE FILED (Month, Day, Your) 32. BEGISTRAR'S SIGNATURE Subscribed.																	
	.1111 02	100	John A	indian	Redutt													
- 0	NAPE U.G.		1 1 1															



Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 2077 |

						Cei	rtificate	e of	Death			Reg. No.		
			1. Decedent's Neme (First, Middle,								2. Dete of D	eeth Dey 2	Vor.	3. Time of Death
	Physici /Medi		Samuel Fenton I	PALMER							Jill	Jes	199	6 0545
1	Examir		4e. Fecility Neme (If not institution,	give street end num	ber)			14	4b. City, To	wn, or L	ocation of Dee		nty of Deef	
			Washington Cour	ity Hospi	tal				Hage	rsto	wn	Was	shingt	on
	Funeral		5. Social Security Number		. Age (In yrs.	lest birthdey)	if Under 1 Months	Yeer Deys	If Under	24 Hrs. Min.	8. Dete of B (Month, D	irth	9. Birti	hplece (Stete or Foreign untry)
	Director		214-09-9905A	1 X M 2□ F	81	Yrs.	WOITH	Deys	riouis	WIII I.	Oct. 9	,1914	Mar	ryland
	P .		Usuei Residenca of Decedent											
	aryta	_	10e. Stete 10b. County		10c. Cit	ty, Town or Lo							1	10d. Inside City Limits
	Sea-f	5		ington		r	lagers	LOW	<u> </u>					1 ☐ Yes 2 No
	in 20 %	Pire	10e. Sfreef end Number				10f. Zip (217	10			10g. Citizen		unfry?
	ath w	Funeral Director	123 Plantation I					21/	40			USE	L	
	er de	nue	11. Maritel Sfetus	12. Wes Deced	ces?	,S. 13. \	Nes Decede f Yes, speci	enf of H fy Cube	lispenic Orle en, Mexican	gin? (Sp , Puerto	ecify Yes or N Rican, etc.)		Reca - Ame Bleck, White	rican indien, e, etc.
20	72 hours after death with the Maryland natural', or items 23a or 28a-f show sisel Examinet must be notified at	by F	1 ☐ Never Married 2 Merrie 3 ☐ Widowed 4 ☐ Divorced	If Yes, Give)		1 ☐ Yes 2	No No	Specify:			Spe	cify:	hite
21215-0020	hou	2	15. Decedent's	Yeer or De	(08.	16a Danne	dent's Usuel	Occur	ation			16b. Kind of		
15	in 72	jet	(Specify only highest	grade completed)		(Give	kind of work	done	during most	of work	aing .			modelly
212	with the control	Completed	Elementery/Secondery (0-12)	College (1-	4or 5+)	conduc						electi		tion
D	filed Hygither other	Ö	17. Fefher's Neme (First, Middle, La	ast)				T		r's Nem	e (First, Middle	e, Maiden Sum		LION
Maryland	ld be antal ked c	To Be	Fenton Luther	Palmer					Magg	ie l	Florenc	e Martz	Z	
ary	shound M mar	-	19a. Informent's Neme/Relationshi	p (Type, Print)		19b. Mellir	ng Address	(Street	and Numbe	er or Rui	ral Route Numi	ber, City or Tox	wn, Stete, 2	Zip Code)
	nd 2 aith e 27 is r tree		Lucille Palmer			123 1	Lanta	tio	n Dri	ve,	Hagers	town, h	1d. 2	1740
re,	f Her f Her othe		20e. Method of Disposition			Plece of Dispo	sition (Neme	e of	cel	1	Date	20c. Locatio	on - City or	Town, State
E	Pege enf o		1 X Buriei 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spe		IAIA	eenlaw	-			ck 7	-6-96	Hagers	town,	Maryland
Baltimore,	permit. Peges 1 and 2 should be filed within 72 hours after death with the Marylan Depertment of Heelth and Mantal Hygiena. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examinet must be notified at ODGs.		21. Signeture of Funerel Service Li			22	Neme end	Addre	ss of Fecilit	v				
Ö	De la la la la la la la la la la la la la		150,817	200		7	IINNIC						w.i	217/0
	_		23e. Pert1. Enfer the disease, or o	omplications that ca	used the deet							errest,	Md.	Approximete
1	Physician	1	shock, or heart feilure. List or	nly one cause on ee	ch line.									Interval Batween Onset end Deeth
A	/Medical	н	immediete Ceuse (Finel	/1	udin	ca	4401	75	4				į	Imburum.
	Examiner		disease or condition resulting in deeth)	e. 00	42.	or as e consec				-			1	unenco
	D #	ner		He	Ber	lews	ow		•					10985
	eath certificate be asscuted attending physician and I for use es the burial-transit	edicai Examiner	Sequentially list conditions,	b	Due to (o	or es e conseq	uepige of):	,	(7)	1		-		/
50,	e axe	E I	if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	. Cas	ole	de l	Itle	R	4 8/6	M	5815		1	one years
68760,	sate by skid	dica	thet initieted events resulting in deeth) Lest	1	Due fo (o	r es e conseq		11				~		(/ ,
	ding p	2		• d 1	ausi'	ent	St	de	com	1'	- 0	Hac	lc	2468
Вох	death c	Physician/					00		0000					
o.	0 0 0	ysic	Pert II. Other significant condition	contributing to dea	th but not res	ulting In the ur	nderlying ca	use giv	en in Pert I.		23b. Dld	tobacco use		to the cause of death?
٥	as that the igned by th be detache		Noul	,							1	Yes 2 N	0 3 □ Pr	robably 4 Unknown
ds,	Se Co	d by									24a Wa	s en eutopsy	24b.1	Were eutopsy findings
20	requir been s should	ete										formed?	6	eveileble prior to completion of cause
Record	has has	Completed									Regi	/		of deeth?
			05 14								12	rYes 2□No	, 1	1 □ Yes 2 0 No
Vital	Physician: r this certific aral director,	o Be	25. Was case referred to medical exeminer?	Hospital:				Oth	or		th (Check only	-		
ot	Phys this ral di	1-	1 Yes 2 No	1 Iz In		ER/Outpetien 28b. Time of		4	4 LI NU	rsing Ho		how injury oc		cify)
On	or Attending I after death. Director: After I in by the funer	tion	1 ☑Neturel 5 ☐ Pending	28a. Date of (Month	, Dey Year)	injury	м	ic. injur Wor	k? Yes 2⊡1	No	200. 2000.00	non injury ou	,,,,,,	
S	Attending or death. octor: After by the fune	fica	3 Sulcide 8 Could no	t be ge Bisso	f Injury - At ho	ome, farm, str					28f. Location	(Street end Nu	mber or Ru	irel Route Number,
Division	after Direct	Certification:	4 ☐ Homicide determin	building	, etc. (Specif	y)	oot, lactory,	Omou				wn, Stete)		,
	spita nours neral fille		29a. Certifier 1 Certifying	Physicien: To the b	est of my kno	wledge, death	occurred el	t the tin	ne, dete en	d plece.	end due to the	ceuse(s) end	menner es	steted.
	P Ho	edicai	(Check only 2 Medical Ex	aminer: On the bas end manne	ils of examine	tion end/or inv	estigetion, i	in my o	pinion, deal	th occur	red et the time	, date end plac	e, end due	to the cause(s)
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	N	29b. Signeture end title of certifier	200	V	1	29c.	Licens	e number			29d. Dete sig	ned (Monti	h, Day, Year)
)			D	450	31		July	34	96 -
			30. Name end eddress of person wi	no completed cause	of deeth (Item	n 23e) (Type,	Print)	32	usp	1011	11	7	1	1117217
			DR SHAHAB Z	SIDDION	1 194	14-C	Ceilet	Mo	wef 1	1 le	e th	ageva	House	2 http://
	Sta		31. Dete filed (Month, Dey, Year)		gistrer's Signa							U		
	Registr	ar	JUL 0	5 1996	rha d'hus	deciden	dall		:4:					

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State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month PARKER HELMA 9:46 PM JUNE /Medical 4a. Facility Neme (If not Institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Death BETHESDA

If Under 1 Year If Under 24 Hrs. 8. Data of Birth

1 (March Deys Hours Min. 1 (March Dey Year) Examiner SUBURBAN HOSPITAL MONTGOMERY 9. Birthplece (State or Foreign New York 5. Sociel Security Number 7. Age (In yrs. lest birthday) **Funeral** 1□M 2√√ 118-14-1759 72 Yrs Director Usuel Residence of Decedant with the Merylend 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits ? Is marked other than "natural", or items 23s or 25s-f sho traumatic event, the Modical Examiner must be notified at 1 Yes 2 No Director MONTGOMERY **BETHESDA** 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 9110 BULLS RUN PARKWAY 20817 U.S.A. permit. Pages 1 and 2 should be filled within 72 hours efter deeth. Depertment of Health end Mental Hygiene. Important: If flem 27 is marked other than "natural", or flems 23, any injury or other traumatic event, the Medical Examiner mass. Funeral 12. Was Dacedent Ever in U,S. Armed Forcas? Rece - Amarican Indian, Bleck, White, etc. Was Decedent of Hispenic Origin? (Specify Yas or No-ff Yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 Yes 2 No If Yes, Give Yeer or Dates: 1 ☐ Naver Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1□Yes 2√√2No Specify: þ 3 Widowed 4 Divorced BLACK Completed Decedent's Usuel Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) LAYOUT ARTIST PRIVATE 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumema) Be BEATRICE PHILLIPS JAMES WINSTON 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9110 BULLS RUN PARKWAY, BETHESDA, MD. 20817 BEATRICE PARKER-WINGATE 20b. Pleca of Disposition (Neme of cemetery, crametory or othar place) 20e. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Removel from The 4 Donation 5 ☐ Other (Specify) RIVERDALE PARK CREMATORY 6/15/96 RIVERDALE, MD. 21. Signature of Funeral Servica Licanses 22. Nama and Addrass of Facility JOHNSON & JENKINS INC. 716 KENNEDY ST., N.W. WASH. D.C. 20011 or heer feilure. List only one cause on each line. Intervel Between Onset end Death Physician /Medical Immediete Ceuse (Finel diseese or condition resulting in deeth) Exa liner Due to (or es e consequence of): sicien and buriel-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events rasulting in deeth) Last Due to (or es e consequance of): physician as the buriel-Box 68760. Physician/Medical Dua to (or as a consequence of): for igned by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Records, P.O. 23b. Dfd tobacco use contribute to the cause of death? signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were eutopsy findings eveileble prior to completion of cause of death? 24a. Was an eutopsy performed? Completed la aruda certificate has 1 Tes 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certific 25. Wes case referred to medical examiner? Be 26. Plece of Death (Check only one) Hospitel: 2 ER/Outpatient Other: 3 DOA 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) funeral 27. Menner of Death 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how Injury occurred 1 Neturel 5 Pending 1 Yes 2 No investigation 2 Accident in by the 6 Could not be determined 3 Suicide 28f. Location (Streat and Number or Rural Route Number, City or Town, Stata) Plece of Injury - At home, ferm, straat, factory, office building, etc. (Specify) 4 Homicide 24 hours Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and menner as stated.

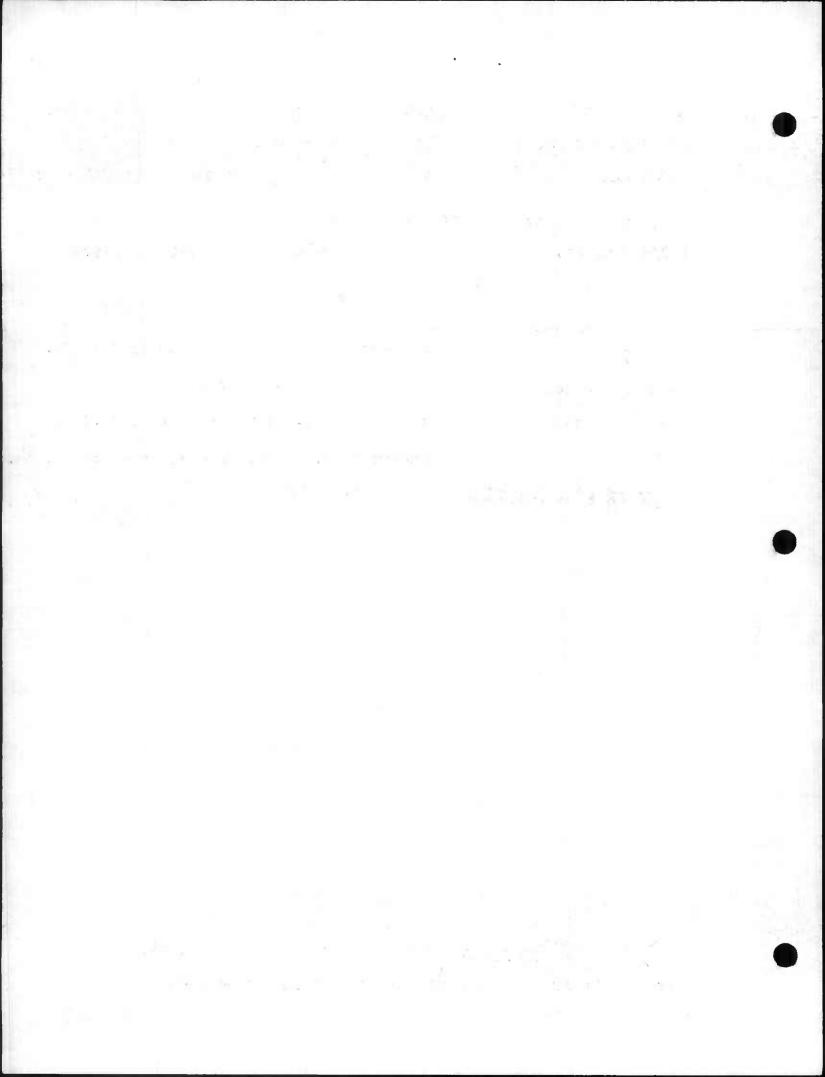
Medical Examiner: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. Medical 29a. Certifier To the 29b. Signature and title of certifier 29c. Licensa number 29d. Dete signed (Month, Day, Year) ward eddress of person who completed cause of deeth (Item 23a) (Type, Print) 32. Registrer's Signeture 31. Dete filed (Month, Day, Year) State elibertwelser-Revolate

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 0.5

				Ciaio oi ini	ary, arra 7		rtificate of	Death	vicintal riy	Reg. No.	30	20113
п	Physic	ian	1. Decedent's Nama (First, Middla, La	st)					2. Data of De Month	eath Day	Yaar	3. Time of Death
	Physic /Medi		ETTA Lee		PLAN'	TER .			06	15	96	1751
8	Exami		4a. Facility Nama (If not institution, give	a street and number)				4b. City, Town, or I	ocation of Deat	h 4c. Coun	ty of Death	
			PENINSULA REGIONA	AL MEDICAL	CENTE	3		SALISBUR	Y	WICO	MICO	
	Funeral Director		218-20-8322	Sax 7. Ag	a (in yrs. last 78	24	Months Days		8. Data of Bit (Month, Dit 07–28	th ay, <i>Year)</i> 3–17	9. Birthp Coun NOT	place (Stata or Foraign th Caroli
	and w		Usual Rasidence of Decedant 10a. State 10b. County		10c. City, To	own or L	ocation				1	Od. Insida City Limits
	Mary	ō	Virginia Accoma	ck	Tempe	ran	ceville	9				1 ☐ Yas 2 ☐ No
	3a or 28a	ai Director	10e. Street and Number 11238 Sand St.	COLL			10f. Zip Coda	3442		10g. Citizan o		
Maryland 21215-0020	filed within 72 hours after deeth with the Maryland Hygiene. ther than "natural", or items 23a or 28a-f show int, the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 □ Navar Married 2 ☑ Marriad 3 □ Widowad 4 □ Divorced	12. Was Decedant Armed Forcas? 1 ☐ Yas 2 ☑ 1 If Yas, Giva Yaar or Datas:			Was Decedant of If Yas, specify Cu 1 ☐ Yas 2 ☑ No	Hispanic Origin? (Sp ban, Maxican, Puarto Specify:	pecify Yas or No o Rican, atc.)	Spec	ace - Amaric ack, Whita, ify: BLAC	atc.
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pu	be filed the Hyging of others	Be (17. Fathar's Nama (First, Middla, Last,					18. Mothar's Nam	na (First, Middle	, Maidan Suma	ma)	
yla		10	Charlie Sutton	L				Rache	ll Bar	ns		
Mar	0 0 0		19a. Informant's Name/Ralationship (21 . /	1			et and Number or Ru				
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Baltimore,	Peges nent of ant: If it ary or o		20a. Mathod of Disposition 1 □ Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Specif		cama	tary, cra	osition (Nama of matory or other pl em Bapt		Data /22/96	20c. Location Temper		ville, Va
Ball	permit. Departrimporta		21. Signature of Funaral Sarvice Licar	harton		2	2. Nama and Add Whartor	F/H	171 Wh	erton	nd	AccomacVa
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	Physician /Medical Examiner	er	Immediata Causa (Final disaase or condition rasulting in daath)	a. ARTERIO		ric (CARDIOVA	SCULAR DI			7	Onsat and Death YEARS
,00	ficate be executed physician end is the buriel-transit	Examiner	Sequantially list conditions, if any, laading to immediata causa. Enter Undarlying Causa (Disaase or injury that initiated avants	b	Dua to (or as	a conse	quance of):					
ox 68760,	ding ding	/Medical	that initiated avants rasulting in death) Last	d	Dua to (or as	a consec	quance of):					
O. Box	death e etter	Physician/M	Part II. Other significant conditions of	ontributing to death bu	ut not rasulting	g in tha u	indarlying causa g	ivan in Part I.				the cause of death?
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Vital Records,	law requires thet the as been signed by the 2 should be deteche	Completed by								an autopsy ormed?	ava	ara autopsy findings ailable prior to mpletion of causa death?
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Division	tal or Attendents after deat all Director:	Certification:	3 ☐ Suicida 6 ☐ Could not be detarmined	28a. Place of Injubuilding, ato		farm, st	raat, factory, office		28f. Location (City or To	Street and Nun wn, Stata)	ber or Rura	il Routa Number,
	To the Hospital or Attent within 24 hours after deatl To the Funeral Director; completely filled in by the	edicai	29a. Certifiar 1 Certifying Ph (Check only one) 2 Medical Exam	ysician: To the best on niner: On the basis of and mannar sta	axamination :	ge, daat and/or in	h occurred at that vestigation, in my	ime, date and place, opinion, daath occur	, and due to the rrad at tha tima,	cause(s) and r data and place	nanner as st	ated. tha causa(s)
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		U	30. Name and addrass of person who JOHN T. BULKELEY					SALISBUR	Y, MD 2	1801		
	Sta Registr	_	31. Data filad (Month, Day, Yaar) JUN 26 199		ar's Signatura	arlel	t					

DHMH 16 Rev 6/95



			State of	Maryjar		tificate of	Health and North		Reg. No.	6 2	0774
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	щ	Home					Pocomoke		Worce		
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	0	Walter Purnell					Emma Se	lby			
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		Pearl Purnell			2216	Worce	ster Hwy	· Poco	moke_C	ity .	Md.
		20e. Mathod of Disposition	Damauai from Ct		Place of Dispos	sition (Name of natory or other pi		Data	20c. Location	City or Town	n, Stata
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once.		21. Signature of Funeral Sarvice Lice	nsee	-	22	Nama and Add	rass of Facility W	harton	Funer	al Ho	me
	-	23a. Part1. Enter the disease, or com	· Wha	Lon			22171 W	harton	Rd. A		c, Va.
g physician end es the burlei-transit	dicai	Saquantially list conditions, if any, leading to immediata ceusa. Entar Underlying Causa (Disasas or injury thet Initieted events rasulting in death) Last	b	ì	or as a consequ						
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edical		29a. Certifiar Certifying Pt (Check only 2 Medical Example)	ysician: To the be niner: On the basi and manna	s of examina	wledge, death tion and/or inv	occurred at that estigation, in my	tima, data and piace, opinion, daath occur	and dua to tha rad at tha tima,	ceusa(s) and m data and place,	ennar as stat end dua to th	ed. ne cause(s)
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_ //>	7	30. Nama and address of person who	completed causa	ot daath (Itar	n 23a) (Typ), I	Print)	o ak.	nd.	21	85	
State		31. Data tiled (Month, Day, Year)	. /.	Istrar's Signa	ature)				
egistrar -		JUN 26 199	6 Full	Devoles	Rarbell						



State of Maryland / Department of Health and Mental Hygiene

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and w		10e. Stete 10b. Count	у		10c. City, Town	or Loc	cation							Od. Inside Cit	tv Limits
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	Ě	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide deterr	nined 286. Pled	ca of tnjur	ry - At home, far (Specify)	m, stre	et, fectory,	offica			28f. Location (S City or Tow	treet and Numi n, Stete)	ber or Run	al Route Numi	ber,
within 24 hours after To the Funeral Dir completely filled in	Certification:				(,,						,	,			
24 hours e Funeral letely filled		29e. Certifier 1 Certifyl	ng Physician: To th	e best of	my knowiedge,	deeth	occurred et	the tir	ne, dete end	pleca,	end due to the o	euse(s) end me	enner es s	teted.	
n 24 Ne Fu	edical	one) 2 Medical	Examiner: On the end me	nner stet	ed.	or inv	estigetion, li	n my o	pinion, deeti	h occur	red et the time, o	lete end pieca,	and due t	o the cause(s))
within 2 To the comple	ž	29b. Signature and title of certific	or				29c.	icens	e number		2	9d. Date signe	d (Month,	Dey, Year)	
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Regist	rar	JUN 26 1	1996 Jul	P NOW	MANAMA	4.4									

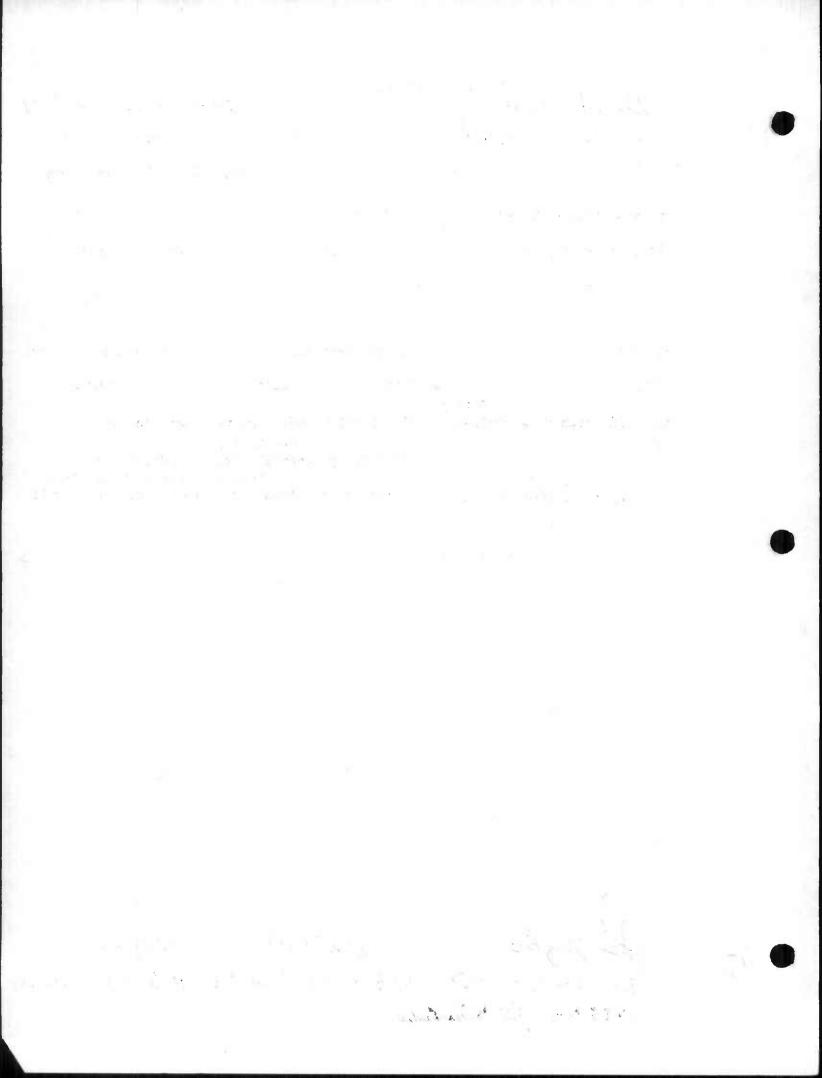
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State of Maryland / Department of Health and Mental Hygiene

Cartificate of Death

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						Cer	tificate of	Death		Reg. No.		
	Physic /Medi		1. Decedent's Name (First, Middle,	R91FO		Raifor			2. Date of De Month	Dey /	Yeer 996	3. Time of Death 8 30 PM
	Examii		4a. Facility Neme (If not institution, Laurel Region				8	4b. City, Town, or L Laure:		h 4c. County Princ		rges
	Funeral Director		578-30-7152	8. Sex 1 🖾 M 2 🗆 F	7. Age (In yrs. la 68	ast birthday) Yrs.	if Under 1 Yeer Months Days	if Under 24 Hrs. Hours Min.	8. Date of Bir (Month, Di March	th ay, Year)	9. Birthpla Country	ce (State or Foreign y) Carolina
	f show	or	Usuei Residence of Decedent 10a. Stete 10b. County Maryland Prince	e Georges		, Town or Loc					100	d. inside City Limits 1 ☐ Yes 2 ☐ No
	a or 28a	Director	10e. Street and Number 7313 Sheriff	Road			10f. Zip Code 2078	5		10g. Chizen of V		
020	3 within 72 bours enter deeth with the maryland jiene. Than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at	by Funeral	11. Meritel Stetus 1 □ Never Married 2 ☑ Marrie 3 □ Widowed 4 □ Divorced	12. Wes Dece Armed For	2 X No			lispanic Origin? (Sp en, Mexican, Puerto	pecify Yes or No Rican, etc.)		e - Americer k, White, et	n Indian, c.
1215-00	within 72 hourselve than "neture the Ned cell	Completed	15. Decedent's (Specity only highest Elementary/Secondary (0-12) 12th grade	Educetion		(Give I life. D		during most of worl d)	king	16b. Kind of Bu		
0	d othe	To Be Co	17. Father's Name (First, Middle, La Payton	ast)	R	aiford	te Super	18. Mother's Nam				dry Servic
e, Mary	5 5 6 5		19a. Informent's Name/Relationship Madge Elizabeth 20a. Method of Disposition		(wife) iford	7313	Sheriff	and Number or Ru Road, Lan	ndover,		d 2078	85
Baltimore,	artmen ortant: injury		1X Buriat 2 ☐ Cremetion 3 4 ☐ Donation 5 ☐ Other (Spe	ecify)	olate	ional	Harmony	ce) June 25 Memorial ess of Facility La	Park	Landove	r, Man	ryland
ñ	Depa impo any i		> Sunit	June		38	31 Georg	ia Avenue	e,N.W.;	Washingt	on,D.	C. 20011
2	hysician /Medical Examiner		23a. Pert1. Enter the disease, or conshock, or heart failura. List or limited and the constant of the constant	~	leumo			ng, such es cerdiec	or respiretory e	rrest,	1 1	Approximate nterval Between Onset and Death
	unsit	Examiner		b. Cev	rebroug	scular	acci	dent			1	4 years
X 6876U,	iding physician and ise es the burial-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	c. Ini	racerel		Heed				/	3 years
		an/Medical	resulting in death) Last	d. 14	per ter	as e consequ	,	17			2	10 years
5	0 2	by Physician	Part II. Other significant conditions Diabetes	s contributing to de	ath but not resu	lting In the un	derlying cause giv	ven in Part I.		tobacco use con Yes 2 No	ntributa to t	the cause of death?
	as been s 2 should	Completed b		-7					24a. Was	an autopsy ormed?	evell	e autopsy findings able prior to pletion of cause eath?
tal Hec		Be Con	25. Was case referred to medical					26. Plece of Dee	1 □		1 🗆	Yes 2□ No
DI VICE	this certal direct	ToB	examiner?	Hospital:	patient 2 E	ER/Outpatlent	3□ DOA Oth	or:		idence 8 🗆 Oth	er (Specify)	
Vision o	tu Atte	Certification:	27. Manner of Daath 1 Neturai 5 Pending 21 Accident Investigat 3 Suicide 6 Could no	tion	n, Day Year)	28b. Time of Injury		yat rk? Yes 2 □ No		how injury occur		Davida Alvanhar
	urs after deat		4 ☐ Homleide determin	ed 286. Piece buildin	g, etc. (Specify))	et, factory, office		City or To			
- House	within 24 hours a To the Funeral D completely filled i	Medical	(Check only one) Amedical Ex	Physician: To the caminar: On the ba and mann	sis of examinati		estigation, in my o	pinion, death occur		data and place,	and due to t	ha cause(s)
1		~	296. Signature and title of certifier	glis			D 25	el -Powic		29d. Date signer	19 C	ıy, <i>10ar)</i>
	9		John Mo	rschs	MD	1433	3 Laur	el Bown	e Rel	#30	7 4	re 1 MD 2070
	Sta Registr		31. Date filed (Month, Day, Year) JUN 2.6 1991	6 Salis	egistrar's Signat	arkett.						



State of Maryland / Department of Health and Mental Hygiene

Physician		Decedent's Name (First, Middle, L		HENF		rtificat		Douth	2. Date of D Month	Day	996	3. Time of Death 7:20 PM
/Medica Examine		4a. Facility Name (If not institution, g	ive street and number)	TIT IVI	1111	רעם.		4b. City, Town, or	Location of Dea		y of Death	ZU FII
		Allegis Nursing						Clinton,			e Geor	_
Funeral Director		5. Social Security Number 578–44–8302 Usual Residence of Decedent	Sex 7. Ag	e (In yrs.	last birthday) Yrs.	If Under Months	1 Year Days	If Under 24 Hrs Hours Min	8. Date of B (Month, D Sept	irth Year) 4, 1933	9. Birthpla Country Wash	ce (State or Foreign Lngton, D
A 1		10a. State 10b. County		10c. Cit	y, Town or Lo	cation					100	I. Inside City Limits
28a-f show	20	Maryland Prince	Georges		Suitl	and,	Mar	yland				1 Yes 2 No
23a or 28	runeral Director	10e. Street and Number 3818 Regency Par	rkway #T-2			10f. Zip	Code	20746		10g. Citizen of United		
C. O.	2	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decadent Armed Forces? 1 Yes 241 If Yes, Give Yeer or Dates:			Was Deced If Yes, spec 1 ☐ Yes		lispanic Origin? (S an, Mexican, Puer Specify:	Specify Yes or N to Rican, etc.)	o- 14. Re Bla Speci	ce - American ick, White, etc. fy: B1 a	c.
naturel'.	ered	15. Decedent's E (Specify only highest g	Education		16a. Decad	dent's Usua	ol Occup	pation during most of wo	rkina	16b. Kind of E	usiness/Indu	stry
r than	Completed	Elementary/Secondery (0-12) Unknown	College (1-4or 5	+)	life.			d)		10		
I to la		17. Fether's Name (First, Middle, Las	t)			Cool		18 Mother's No.	me (Firet Middle	FOOd e, Maiden Surna	Servi	.ce
d d	10 06	Lester Francis		r.					Eva Gari		110)	
th end Mer 7 is marke traumatic	-	19a. Informent's Name/Relationship	(Type, Print)		19b. Mailir	ng Address	(Street	and Number or R			, State, Zip C	ode)
d by the ettending physician end we will be with the ettending physician end we will b	ied Ica	1 ABurial 2 Cremation 3 if 4 Donation 5 Other (Spec 21. Signature of present services for 23a Part 1. Enter the disease, or construct or heart failure. List only Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiate events resulting in deeth) Last	b. Ing. c. Ing. d. H	the death	n. Do not ent	LEXA LEXA LEXA LEXA LEXA LEXA LEXA LEXA	and len	R S. PO	i despiration	ERAL H	lle,Mx	
has been signer 2 should be d	2								1 = 24a. Was	Yes 2 No s an autopsy ormed? Yes 2 No	3 Probal 24b. Were availe comp of de	autopsy findings able prior to letion of cause
	3	25. Wes case referred to medical examiner?						28. Place of Dea				
aldi P		1 ☐ Yes 21 ☐ No 27. Manner of Deeth	Hospital: 1 Inpatie		ER/Outpatien			4 Nursing F		idence 6 🗆 Ott		
in 24 hours efter death. he Funerel Director: After pletely filled in by the funered calical Certification:		1 Natural 5 Pending 2 Accident investigation		Year)	Injury	M	8c. Injun Worl	yet k? Yes 2□No	zou. Describe	how Injury occur	100	
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State Registrar

31. Date filed (Month, Day, Year)

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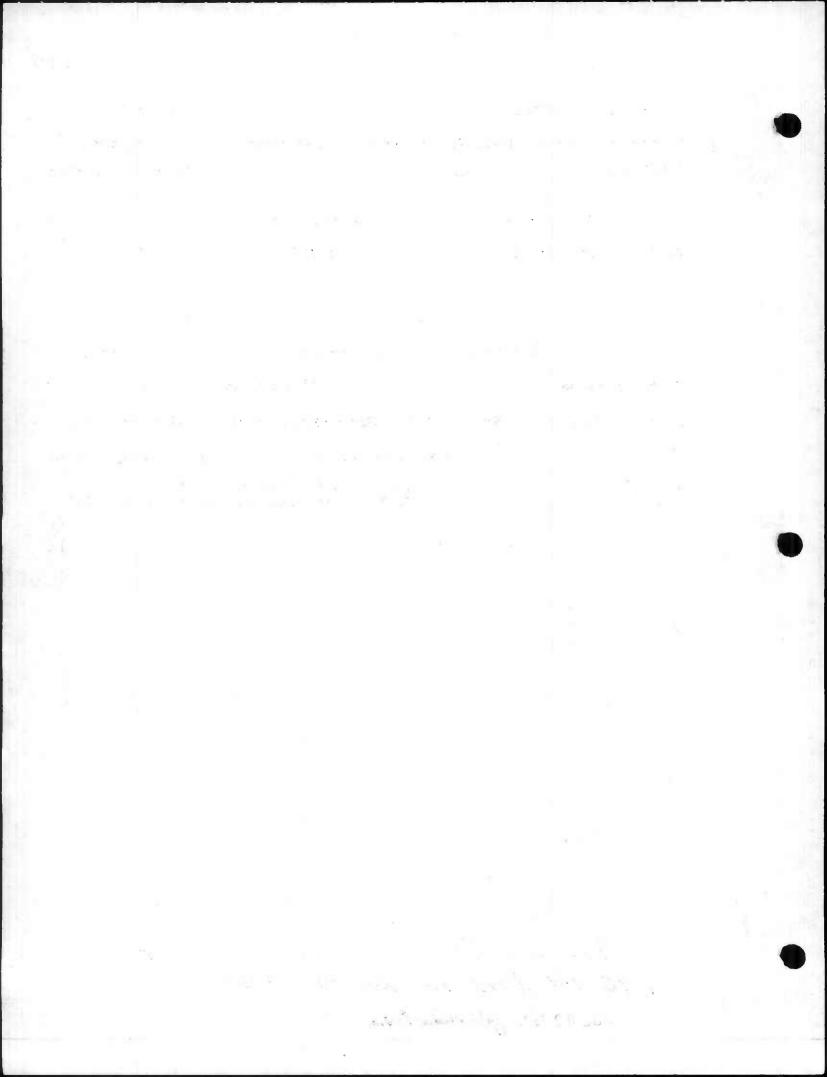
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Nama (First, Middle, Lest) 2. Dete of Death 3 Time of Death **Physician** Month Day Frances Louise REYNOLDS 1996 July 1:00 a.m. /Medical 4e. Fecility Name (If not institution, giva straat end number) 4b. City, Town, or Location of Deeth 4c. County of Daeth Examiner Ravenwood Lutheran Village Nursing Home Hagerstown Washington If Under 1 Year If Undar 24 Hrs. 8. Date of Birth Months Days Hours Min. Se (Month, Dey Yeer) 5. Social Sacurity Number 9. Birthplace (Steta or Foreign 1909 Company Land 7. Aga (In yrs. last birthday) **Funeral** 214-09-8442 1 □ M 2 🛛 F 86 Director Usual Residence of Decedent death with the Meryland 10a. Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits 7 is marked other than "natural", or itams 23a or 28a-f shov traumatic event, the Medical Examinar mast be notified at Director MD Washington Smithsburg 1 ☐ Yes XX No 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? 22820 Stevenson Road 21783 USA Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ᡚ No If Yes, Give Yeer or Detes: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puerto Rican, atc.) 14. Rece - Amarican Indian, permit. Pages 1 and 2 should be filed within 72 hours effer of Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "natural" or Items any injury or other traumers. Black, White, etc. 1 Nevar Married 2 Married 21215-0020 1 ☐ Yes 2 No Specify by Specify: 3 ☑ Widowed 4 ☐ Divorcad White Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) 1.5 Yrs Homemaker Residential Baltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Sumeme) Be Charles Ross Alice Sleasman Ross 19a. tnforment's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Numbar or Rurel Route Number, City or Town, Stete, Zip Code) Harry T. Reynolds, Son 13135 Greensburg Road, Smithsburg, MD21783 20b. Place of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Steta Burial 2 Cremation 3 Ramovel from Stata Smithsburg Cemetery 7/3 Smithsburg, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Runaral Service Licansee Douglas A. Fiery Funeral Home Enter the disease, or complications the causad the death. Do not enter that mode of dying, such as cardiac or respiretory arrast, or hearty ailure. List only one cause on each line. 1331 Eastern Blvd. N., Hagerstown, MD 21742 Approximata Intarvel Between Onset end Deeth Physician /Med cal Immediate Cause (Finel Congestive Heart Failure 1 month disease or condition resulting in death) Examiner Due to (or es e consequence of): Examiner Cardiac Myocardopathy months The law requires that the death certificete be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Lest pue Due to (or es e consequence of): use es the buriel-trer P.O. Box 68760, 9/22/95 signed by the ettending physiclan d be detached for use es the burie Myocardial Infarction Physician/Medical Dua to (or es e consequance of) Arteriosclerotic Heart Disease many years Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco usa contributa to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 N Unknown Division of Vital Records, à certificate hes been si rector, page 2 should Completed 24b. Were eutopsy findings availabla prior to completion of cause of deeth? 24e. Wes an eutopsy performad? 1 🔲 Yes 2XXV0 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Yes 2 No ို 1 ☐ Inpatlant 2 ☐ ER/Outpetient 3 ☐ DOA After this 27. Menner of Deeth Certification: 28e. Dete of tnjury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending . investigation within 24 hours efter death. To the Funeral Director: A 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not ba 3 ☐ Suicida 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 281. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner es steted.

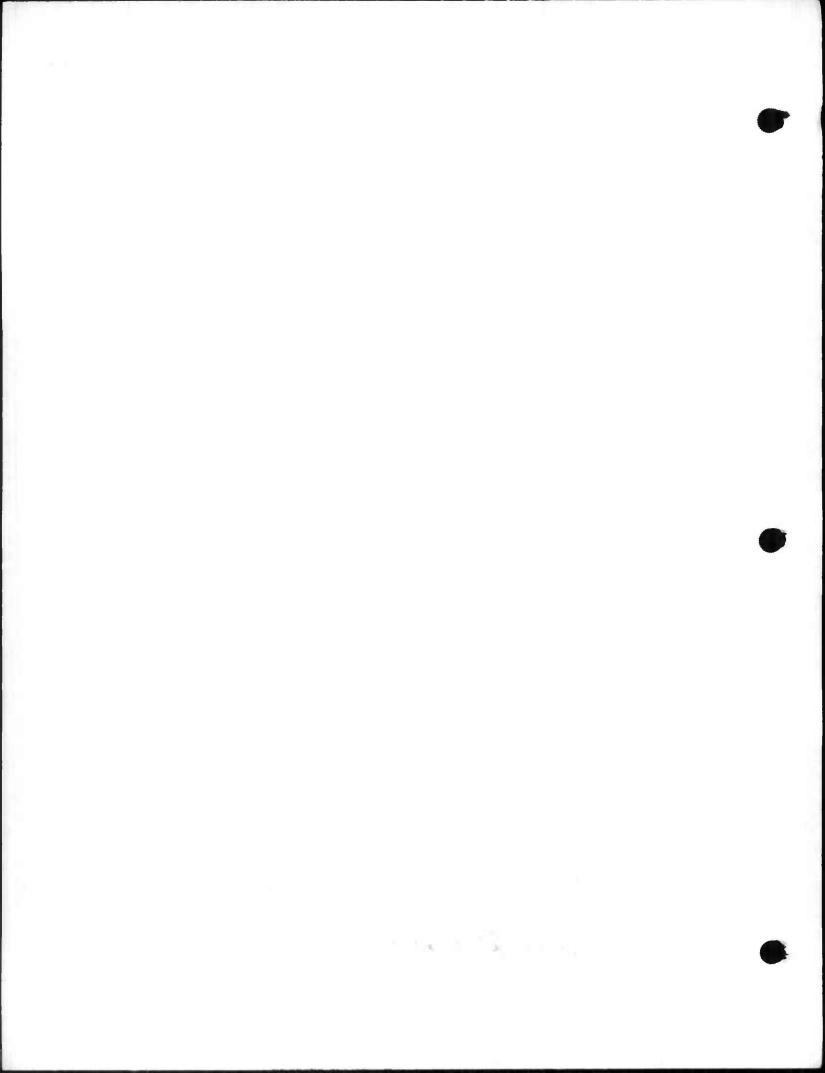
| Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner es steted.

| Medical Examiner: On the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner es steted. 29e. Certifier Medical (Check only 29b. Signeture and title of certifie 29d. Date signed (Month, Day, Year) 29c. Licanse number MD07857 07/01/96 30. Name and address of person who completed cause of deeth (Item 224) (Type, Print) Mo. 32. Registrer's Signature 31. Data filed (Month, Dey, State Registrar



DHMH-16 Rev 1/89

	1 - FOR STATE OF MARY	LAND / DEPARTMENT OF HEAD CERTIFICATE OF DE		
	1. DECEDENT'S NAME (First, Middle, Last) DANIEL LIVINGSTON RE	CHARD	2. DATE OF DEATH	
	214-09-3669 1⊠м₂□೯ 88	MONTHS DAVE HO	MDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year September	8. BIRTHPLACE (State or Foreign Country)
TOR	99. FACILITY NAME (If not institution, give street and number) 1315 Oak Hill Avenue RESIDENCE OF DECEDENT	96. CITY, TOWN OR LO Hagerston		%c. COUNTY OF DEATH Washington
DIRECTOR	10a. STATE 10b. COUNTY Maryland Washington	10c. CITY, TOWN DR LOCATION Hagerstown		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 1315 Oak Hill Avenue	10f. ZIP 2174		10g. CITIZEN OF WHAT COUNTRY? U.S.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 VE	S 2 ND If yes, specify	NT OF HISPANIC ORIGIN? (Specify Cuban, Mexican, Puerto Rican, etc.) ND Specify:	y Yes or No. 14. RACE — American Indian,
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) Owner/Operator	working	BUSINESS/INDUSTRY
SOME	12 years 17. FATHER'S NAME (First, Middle, Last)		PTUMD3 MOTHER'S NAME (First, Middle, Mail	ing Supply Company
8	David Roy Reichard 190. INFORMANT'S NAME (Type/Print)		auline	Robb
5	Catherine Dawson Reichard	19b. MAILING ADDRESS (Street end No. 1315 Oak Hill Av		
	1 № Burlel 2 U Cremation 3 U Removal from State	ob. PLACE AND DATE OF DISPOSITION (Name of emetery, crematory or other place) COSE Hill Cemetery		LOCATION — City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AÑO AC Douglas	A. Fiery Funer	
	23. PART I. Enter the diseases, or complications that caus shock, or heart failure. List only one cause on	ed the death. Do not enter the mode of	dying, auch as cardiac or re	eepiratory arrest, Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a CONSEQUENCE OF:	ant Failu	Onset and Death OWN ON S
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	A CONSEQUENCE OF):	y Avtery	Disease 12 years
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to deeth	but not resulting in the underlying ceu	PERI	S AN AUTOPSY INDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
AN:	DID TOBACCO USE CONTRIBUTE TO CAUSE		NCERTAIN [10,723 2 0,70
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES TO 1 Inpatient 2 ER/Ou	26. PLACE DF DEATH (Check only one) OTHER: tpetient 3 □ DOA 4 □ Nursing Home 5	U-Residence 6 □ Other (Specify)	
ву РНУ	27. MANNED OF DEATH 1 Astural 5 Pending (Month, Day, Year) 2 Accident Investigation	26b, TIME OF 28c, INJURY	AT 28d. DESCRIBE HO	OW INJURY OCCURED
		TY — At home, farm, street, factory, office ecity)	281. LOCATION (Stre City or Town, St	reet end Number or Rural Route Number, tete)
COMPLETED	29e. CERTIFIER (Check only one) 1 ERRIFYING PHYSICIAN: To the best of my known one) 2 MEDICAL EXAMINER: Dn the basic of examination			
TO BE	296. BISMATURE AND TYPE OF CERTURIEN 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	onal Physician	LICENSE NUMBER DO 435°	7 Dire 26 / 996
ľ	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIG	59 Potomac	Ave.	Hagevitown
		volen-Revolut		V



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

						Cen	tificate o	f Death		Reg. No.		
			1. Decedent's Neme (First, Middle, L.	ast)					2. Dete of De	eth	77500	3. Time of Deeth
	Physic /Medi		Frances	Reiber					June	27 19	Yeer	10:00 AM
	Éxami		4e. Fecility Neme (If not institution, gi					4b. City, Town, or L			-	10100 141
			12012 Towanda La	ane				Bowie		Princ	e Geo	orge's
	Funeral		5. Social Security Number 6.	Sex 7. Ag	ge (In yrs. lest t	oirthdey)	If Under 1 Yes	ar If Under 24 Hrs.	8. Dete of Bir (Month, De			plece (Stete or Foreign
	Director		194-16-0657 B Usuel Residence of Decedent	1□M X X F	88	Yrs.	Months Dey	rs Hours Min.	June 1	4 1908	Penn	nsylvania
	how		10a. Stete 10b. County		10c. City, To	wn or Loc	ation				1	Od. fnslde Clty Limits
	Ma T	Sto	Maryland Prince	George's	Bowi	e						XXXes 2□No
	or 28	-je	10e. Street end Number				10f. Zip Code)		10g. Citizen of	Whet Cour	itry?
	th with	100	12012 Towanda La	ine			207	15		United	Stat	es
	dea ma	ne	11. Maritel Status	12. Wes Decedent Armed Forces?	Ever in U,S.	13. W	es Decedent o	f Hispanic Origin? (Si	pecify Yes or No	14. Rec	ca - Americ	
21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mentel Hygiena. Important: if item 27 is marked other than "natural", or itema 23a or 28a-f ahow any lojury or other traumatic event, the Medical Examiner must be notified at SARS.	by Funeral Director	1 ☐ Never Married 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 🏃 ☑ If Yes, Give Yeer or Detes:			□Yes 2√2		, , , , , , , ,	Specif	iv.	nite
5-0	72 ho	Completed	15. Decedent's E (Specify only highest gr	ducation	16	a. Decede	ent's Ueuel Occ	supation	kina	16b, Kind of B	usiness/inc	dustry
21	an a	nple	Elementery/Secondery (0-12)	College (1-4or:	5+)	life. D	O NOT use reti	ne during most of world ired)	KHIY			
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lar	2 sh and is m		19a. Informent's Neme/Reletionship					et and Number or Ru			-	
	end eelth n 27		Curtis B. Reiber	Jr. So				da Lane I	Sowie Ma	ryland	20/15	1
Ore	of H of H of H or oth		20e. Method of Disposition TE Burial 2 Cremetion 3	Removel from State		of Dispos ery, crem	ltion (Neme of etory or other p		Dete	20c. Location	- City or To	wn, Stete
<u>E</u>	Pag ment ant: i		4 Donetion 5 Other (Speci			ide (Cemeter	y 7/1/96	5	Pile	sgrov	ve N.J.
Baltimore,	Departi Departi Importu any inj		21. Signeture of Funerel Service Lice	CIP OF	Par	Ro	bert E	ress of Fecility Evans Fu				
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	Physician		shock, or heart feilure. List only						, , , ,			Interval Between Onset and Deeth
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68760,	death certificate be executed e attending physician and ed for use es the burial-transit	Medical	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	C	Due to (or as e	consequ	enca of).					
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	death d for	Icia	Pert II. Other significant conditions	contributing to death h	ut not resulting	In the un	dertuina cause	given in Pert I	23h Did	tohacco use co	ntelbute to	the cause of death?
P.0	that the death ce ed by the attendi datached for us	Physician/			or not resulting	m and and	Jenying Gadaa	giveir ii i e eit i.		Yee 2 No		bably 4 Unknown
	es that igned! be dat	by P	Demes	, ty					''	700 Zg3100	30110	aby 4 Olkiowi
of Vital Records,	The lew requires that the ste has been signed by the page 2 should be datache		/1 -	Tyndisin						an eutopsy	24b. W	ere autopsy findings
8	w require been si should	Completed	Typol	Lyndism					perto	ormed?	CO	eilable prior to mpletion of cause death?
Re	The lew ete has page 2	mc	·						10	Yes 2 No		Yes 2™ No
ta	ician: The certificate rector, pag		25. Wes cese referred to medical	T				OF Place of Dag				3165 263160
5	Physician: this certific	To Be	exeminer? 1 ☐ Yes 2 🔊 No	Hospitel:	ent 2 ER/C	Lutostiant	3□ DOA	26. Place of Dee		denca 6 □Oth	or (Consil	
0	Phy eral		27. Menner of Deeth	28e. Date of fnju (Month, Da		Time of	28c. In			how injury occur		77
0	th. After	tlo	1 Naturel 5 ☐ Pending 2 ☐ Accident Investigation		y Year)	Injury		/ork? ☐ Yes 2 ☐ No				
Division	Atter dee octor	Certification:	3 Suicide 6 Could not b	28e. Piece of in	ury - At home,	ferm, stre	et, fectory, offic	e			ber or Rura	al Route Number,
ā	of of of of of of of of	er	4 Homicide	building, et	c. (Specify)		arche		City or To	wn, Stete)		
	To the Hospital or Attending Ph within 24 hours effer death. To the Funeral Director: After th completely filled in by the funeral	edical C	29e. Certifier (Check only one)	nysician: To the best miner: On the basis o end menner st	examination e	je, deeth o	occurred et the estigetion, in my	time, date end plece y opinion, deeth occur	, end due to the rred et the time,	ceuse(s) end medate end plece,	enner es s'	lated. the ceuse(s)
	ithin the the xmple	Mex	29b. Signeture end title of certifier	ond manner St			29c. Line	nse number		29d. Dete signe	d (Month	Dev. Year)
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	(1)					_		13446			27/46	
	(6)		30. Name and address of person who ROINTAN FA	completed cause of c RAHI - FA			rint) Mitchell	cville rod	d B21	6 Boi	VIE	MO 20716
	Sta	ite	31. Dete filed (Month, Day, Year)									0 -0 // 6
	Registr		JUN 2 8 19	96 Win	ar's Signeture	Carlas	l .					

JUN 2 8 1996

10 20 TA He

State of Maryland / Department of Health and Mental Hygiene 96

							ertifi	cate of	Death		1	Reg. No.				
1	— <u>.</u> .		1. Decedant's Nama (First, Middl	a, Last)							2. Data of Dea	ath Day		Year	3. Tima	of Death
	Physic /Med		THOMAS LAWR	ENCE	REI	LLY					July	2.		996	05:	50 A.M
3	Exami		4a. Facility Nama (If not institution	n, <i>gi</i> va street and i					4b. City, To	wn, or Lo	cation of Death	4c.		of Death		20 1111
			St. Mary's Hospita	al					Leonard	ltown			St. N	fary's		
	Funeral		5. Social Security Number	6. Sex		n yrs. last birtho		Jndar 1 Yaar	if Undar	24 Hrs.	8. Data of Birt (Month, Da)				aca (State	a or Foreign
п	Director	ш	577-18-6176	1⊠M 2□F	78	Yr.	s. Mo	nths Days	Hours	Min.	July 20,			Swede	<i>y)</i> ≥n	
	D		Usual Rasidance of Dacedant								July 20	1711				
	ylan		10a. Stata 10b. County		10	c. City, Town o	r Location	n						10	d. insida	City Limits
	the Marylar 28a-f show	to	Maryland St. M	arv's		Mechani	csvi1	le							1 🗆 Ya	as 2 No
	r 28	irec	10e. Street and Number	3			10	of. Zip Code				10g. Citiz	zan of W	Vhat Count		
	3a o	0	1680 Sandgates Ro	ad				20659				Umit	ted 9	States		
	72 hours after death with the Maryland natural, or fterna 23s or 28s-f show sical Experience must be notified at	Funeral Director	11. Marital Status	12. Was De	ecedant Eva	r in U,S.	13. Was (Decedant of H	lispanic Ori	gin? (Spe	ecify Yas or No-			- Amarica	n Indian,	
0	far far	F	1 ☑ Navar Married 2 ☐ Man	rled 1. ☑ Ya	Forcas? s 2 □ No			, specify Cub		, Puarto	Ricen, atc.)		Blac	k, Whita, a	tc.	
21215-0020	urs a	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Yaar or	Giva Datas: 194	4-1946	1 □ Y	as 2 X No	Specify:				Specify	Whit	-Δ	
O	2 ho	Pe	15. Deceden	t's Education			ecedant's	Usual Occup	pation			16b. Kir	nd of Bu	sinass/Indi		
215	n n	Completed	(Specify only higha			- (C	iva kind a. DO N	of work done OT usa retire	during most d)	of worki	ing	Fede:	ral E	Bureau	1	
217	iane iane	Eo	Eiamentary/Secondary (0-12)	Collega	(1-4or 5+)		Agent					of I	nvest	igatio	on	
D	filed within 7 I Hygiane. other than *r ent, tre Mod	BeC	17. Fathar's Nama (First, Middla,	Last)			0		18. Motha	r's Nama	a (First, Middla,	Maidan	Sumam	a)		
an	Mentel Me	ToB	Arthur Edward Jose	eph Reilly					Stefa	nie K	asprowica	z.				
Maryland	2 should and Men is marke	-	19a, Informant's Name/Ralations	<u> </u>		19b. M	lailing Ad	drass (Straat			al Routa Numbe		r Town	Stata Zin (Code)	
×	C1 c2 c8 c8		Mary Ann Clark,		P.R.										,	
6	Health Health Jother tr		20a. Mathod of Disposition			20b. Place of D	isposition	(Nama of		Chann	csville,			City or Tov	vn. Stata	
Baltimore,	a 0 L		1 ☐ Buriai 2 ☑ Cramation		m Stata	cematary,	cramator	y or othar pla	ce)						.,	
Ħ	permit. Page Department Important: If any injury o		4 Donation 5 Other (S		1	Metropoli				7/3/	96	Alexa	ndria	, Virg	<u> ;inia</u>	
3a	permit. Departr Imports any inje		21. Signature of Futieral Service	Bul	1/		Brin	ma and Addra Sfield l	iss of Facilit Funeral	Home	P.A.					
_	00280		Edward N. Brins	sfield, or.	MO	0052					wn, Mary	Land :	20650)		
			23a. Part1. Entar tha disaasa, or shock, or haart failura. List	complications tha	t caused tha	daath. Do not	antar tha	moda of dyir	ng, such as	cardiac o	or raspiratory ar	rast,			Approxim Intarval B	ate
4	Physician			,											Onsat and	d Death
М	/M dicai		immediata Causa (Final disaasa or condition	9	Caux	fae	6	ZVYE	-81					F	ew	minut
п	Exa liner		rasulting in death)	a/_		a to (or as a co										
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	outec nd ransi	Examiner	Sequentially list conditions	b		a to (or as a cor		1	1					1		
ó	an ar		Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Causa (Disaasa or Injury						,							
68760,	certificate be assecuted ording physician and use as the buriel-transit	Medical	that initiated avants	C	Dua	to (or as a cor	Seguance	e of):						-		
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X	endin use			d										<u> </u>		
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	thet bed b		Preumo	nia							ישוי	Yes 2	⊔ No	3 Prob	ably 4	Unknown
Records,	requires thet the seen signed by the should be deteche	d by									24a. Was	en euton	1814	24h Wai	ra autons	y findings
Ö	been s	ete										med?	Joy	ava	ilable prio	r to
Sec.	S 5 6	ldu												of d	eath?	
	T age	Completed									101	as 20	□ No	1 🗆	Yas 2	□ No
of Vital	Physician: The I this certificate he ral director, page	Be	25. Was casa rafarred to medica axaminar?						26. Placa	of Death	(Check only o	na)				
1		J.	1 ☐ Yas 2 🕱 No	Hospital:	Inpatient	2 ☐ ER/Outpe	itient 3(□ DOA Oth	ner: 4□ Nu	rsing Ho	ma 5 🗆 Rasio	dance 6	Othe	ar (Specify))	
			27. Mannar of Death 1. ☑Natural 5 ☐ Pendin		a of Injury onth, Day Ye	28b. Tim		28c. inju	ry at rk?		28d. Dascribe h	now Injur	y occurr	ed		
.0	Attending or death.	atic	2 ☐ Accidant Invasti	ation	310.00		M		Yas 2□	No						
Division	or Attendent efter deatl Director:	tific	3 ☐ Suiclda 8 ☐ Could daterm	ined 28a. Pla	ca of Injury - Iding, atc. (S	At homa, farm	, street, fa	actory, offica			28f. Location (5 City or Tox	Streat and	d Numb	er or Rural	Routa Nu	mber,
\Box	S S S S S S S S S S S S S S S S S S S	Certification:		00.	onig, ato. (c	poony					Only of Total	m, otara,	'			
	hour hour mers y fill		29a. Cartifiar 1 Certifyin	g Physician: To ti	ha bast of m	y knowladga, d	aath occu	irrad at tha tir	ma, data an	d place,	and dua to the	causa(s)	and ma	nnar as sta	ited.	
	To the Hospital or Attandii within 24 hours efter death. To the Funeral Director: A completely filled in by the fo	edical	(Check only 2 Medicai one)	Examiner: On that and ma	basis of axe annar stated	amination and/o	r Investig	ation, in my o	pinion, daa	th occurr	ed at tha tima,	data and	place, a	and dua to	tha causa	ı(S)
	Vithir Somp	M	29b. Signatura and titia of certifia	1				29c. Licens	sa number			29d. Dat	a signaç	(Month, D	lay, Year)	
	0		DSW	ah				DI	4706	56			71	21	96	
						///	an elst						. (- (-	
			30. Nama and address of person Avani D. Shah, N		usa or daath	ı (ıtam 23a) (Ty	pe, Print)			Le	onardto	wn.	MD	2065	0	
			31. Data filed (Month, Day, Year)		Donietes de	Cionatura						,				
	Sta Regist		31. Data filed (Month, Day, Fear)	1996	Z A	Signatura	while.									

State of Maryland / Department of Health and Mental Hygiene 96 20782

						Cert	tificate of	Death		Reg. No.	J C	.0102
			1. Decedent's Name (First, Middla, La	st)			-		2. Date of Dec	ath	M-11	3. Time of Death
	Physici		AMERICO BARTHLOME	ED ROSSI					JULY 2	Dey 19	Year 996	11:20 AM
	/Medi Examir		4e. Facility Name (If not institution, giv	e street and numb	er)			4b. City, Town, or I	Location of Deeth	4c. County	of Deeth	11:20 AM
			PHYSICIANS MEMOR				Williams 4 Mars	LA PLAT		CHAR		
	Funeral Director		5. Social Security Number 6. S 577-03-5165 Usuel Residence of Decedent	Sex I□M 2□F	Age (In yrs. last	Yrs.	Months Deys		8. Date of Birt (Month, Da April	y, Year) 5 1906	9. Birthp Cour Br	plece (State or Foreign htry) azil
	and		10a. State 10b. County		10c. City, T	own or Loc	ation					Od. Inside City Limits
	the Marylar 25a-f show	ctor	Florida Saraso	ta	Engl	ewood						1 ☐ Yes 2 🔀 No
	ith with the 23s or 25	al Director	10e. Street and Number 1152 Martin Driv	re			10f. Zip Code 342	24		10g. Citizen of U	What Cour	ntry?
21215-0020	efter des	by Funeral	11. Marital Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decede Armed Force 1 Yes 2 If Yes, Give Year or Date	ec? ☑No		/as Decedent of Yes, specify Cu □ Yes 2 No	Hispanic Origin? (S ban, Mexican, Puert Specify:	pecify Yes or No o Rican, etc.)		e - Americ ck, White, White	
5-0	"netural",	Completed	15. Decedant's Ed (Specify only highest gra		1	6a. Decede	ent's Usuel Occu	upation e during most of wor ed)	rking	16b. Kind of B	usiness/In	dustry
121	within one one.	шbі	Elementary/Secondery (0-12)	College (1-4				ed)				
2	filed with Hygiene. Afher ther		4 17. Father's Name (First, Middle, Last	1		Head	Waiter	40. Manhada Naga	me (First, Middle,	Restaut	_	
Maryland	should be filed within and Mantel Hygiene. Imarked other then imatic event, the Mantel	Be	The state of the state of the	/							10)	
2	should ind Man	10	Octtavio Rossi 19a. informant's Name/Ralationship (Time (Brint)		10b Mallin		Isolina T et end Number or Ru			Chain 7/2	0-41
	nd 2 sith a 27 is r trau		Isolina V. Fisch					bor Drive				
Baltimore,	permit. Pages 1 e Department of Hec Important: If Item any Injury or othe once.		20a. Mathod of Disposition 1 Burial 2 Cremation 3 C		ate cem	atery, cremi	ition (Name of atory or other pl	_ 1	Dete 8-96	20c. Location -		own, Stete
altin	permit. Peges Department of Important: If It any Injury or o		4 Donation 5 Other (Specification of the Control of	1See	00173	22.	s Cemet	ress of Fecility		venice	, FL	
0	88558		I John A E	her-	-	44	33 Whit	wein Mort e Pls La	White P		20695	
	C		23a. Page Enter the disease, or com	plicetions thet cau one cause on eac	sed the death. I h line.	Do not enter	r the mode of dy	ring, such es cardiac	or respiratory e	rrest,		Approximete Intervel Between Onset and Death
q	Physician /Medical		Immediate Cause (Final disease or condition	VE	ENTRI	CUL	AR	FIBRIL	LATIC	ON		30 MINS
п	Exam ner		resulting In death)	θ.	Due to (or as	s a consequ	enca of):	FIBRIL DIAL ,				
-	D is	ine		, Ac	MIE	MY	OCAR	DIAL ,	INFAR	CTION	/ -	
90,	iceta be executed physician and s tha buriel-trensit	I Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		Due to (or as							
Box 68760,	The law requires that the death certificets be executed ate has been signed by the attending physician and page 2 should be detached for use as the bunel-trensit	an/Medical	that initiated avants resulting in death) Lest	d	Due to (or es	e consequ	ence of):					
	deat	sicie	Part II. Other significant conditions of	ontributing to deat	h but not resultir	ng in the und	derlying cause g	iven in Pert I.	23b. Did 1	tobacco use co	ntribute to	the cause of death?
P.0	ras that the derigned by the a	y Physician/	CORONAR	Y AR	TERY	DI	SEASI	E	10	Yes 2□ No	3□ Pro	bably 4 Unknown
Records,	aw requiras ss been sign 2 should be	Completed by								an autopsy med?	ev	ere autopsy findings aliable prior to impletion of cause death?
8	The law ate hes page 2	mo.							101	Yes X□ No	10	☐Yes 2☐No
Vital	ysician: The scrifficate director, pag	Be (25. Wes case referred to medical					26. Place of Dea	ath (Check only o	one)		
1	S 00 0	To	examiner? 1 ☐ Yes 2 ☐ No	Hospital:	atient 2 X ER	/Outpatient	3□ DOA O	ther: 4 Nursing H	lome 5 Resid	dence 8 🗆 Oth	er (Specil	(y)
on of	D 0 2		27. Manner of Death 1 Anatural 5 Pending 2 Accident investigation		njury Day Year) 28	b. Time of Injury	28c. inj W	ury at ork? ☐ Yes 2 ☐ No	28d. Describe t	how Injury occur	red	
Division	ul or Attending safter death. I Director: After d in by the fune	Certification:	3 Suicide 6 Could not be determined	28e. Place of	Injury - At home etc. (Specify)	, farm, stree	et, factory, office)	28f. Location (S City or Tox	Street and Numb vn, Stete)	per or Rure	el Route Number,
	To the Hospital or / within 24 hours after To the Funeral Direct Completely filled in b	edical C	29a. Certifier (Check only one) 1 Certifying Ph 2 Medical Exam	ysician: To the be niner: On the basis and menner	est of my knowled s of examination steted.	dga, daath o and/or inve	occurred at the testigation, in my	time, date and place opinion, death occu	, and due to the irred at tha tima,	cause(s) and ma data and place,	anner as s and due to	stated. the cause(s)
	To th within To th	M	29b. Signeture end vitle of certifier	rèn	رسا			28281		29d. Date signe	d (Month,	Day, Year)
			30. Name end eddress of person who WELSOW RI	complated cause of	of death (item 23	Ba) (Type, P	rint)		D RD.	CLIN7	-0W	MD 20735
	Sta			1996')	istra's Signature	on in the				•	/	
	Registr	ar	2010	1330	Juna will	-woen su	- CALLAN					

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State of Maryland / Department of Health and Mental Hygiene

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						er lineale c	Dealli		Reg. No.				
	Physic /Medi		1. Decedant's Name (First, Middle, Last HARRIETT ELA	INE RYDER				2. Data of D	3, Day 199				
7	Examii	ner	4e. Fecility Nama (If not institution, giva WASHINGTON COU	Ellin Caracteria	AL		HAGERS	or Location of Dea		y of Death SHINGTON			
	Funeral Director			7. Aga (fn y	rs. last birthda Yrs.	Months De				9. Birthpleca (Steta or Foreign PENNSYLVANIA			
	ferylend show	o	Usual Rasidance of Decedent 10e. State 10b. County MARYLAND WASHIN		City, Town or					10d. Insida City Limits 1 🖾 Yes 2 🗆 No			
	the 288	ect	10e. Street end Number	0.011	NOLITO	10f. Zip Cod	9		10g. Citizan of	What Country?			
	th with	a Di	41 EAST ANTIETA	M STREET									
020	filed within 72 hours after deeth with the Meryland Hygiene. ther then "netural", or flarms 23a or 23a-f show ont, the Medical Examinal must be notified at	by Funeral Director	11. Maritai Status 1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorced	12. Wes Decedent Ever in Armed Forces? 1 ☐ Yes 2 ☑ No If Yas, Giva Yaar or Datas:	U,S. 1	3. Was Decedent of If Yas, specify C	of Hispenic Origin? uben, Mexican, Pu No Specify:	(Specify Yes or Nerto Rican, atc.)		ce - American Indien, ck, Whita, atc. sy: WHITE			
2-0	72 ho	ted	15. Decedant's Edu (Specify only highast grad	cation	18a. De	cedant's Usual Oc	cupation na <i>during</i> most of a	undeina	16b. Kind of B	usinass/Industry			
21215-0020	s 1 end 2 should be filed within 72 ha Health and Mental Hygiene. Item 27 is marked other than "natur other traumatic event, the Wed call	Completed	Elamantary/Secondary (0-12)	Collaga (1-4or 5+)	life	UPERVIS	rired)	VOIKING	NURST	NG HOME			
P	Hyg Hyg ont,		17. Fethar's Nama (First, Middle, Last)			0. 2., 0.20		lama (First, Middl					
Maryland	should be filed and Mental Hygi s marked other sumatic event, is	To Be	GUY FREDERI	CK EYLE	R		CHARL	OTTE N	MARIE	BENCHOFF			
ary	should ind Men i marke umatic	-	19a. Informant's Name/Raiationship (Ty			iling Addrass (Str	aat and Number or						
	1 end 2 s Health ar em 27 ls ither trau		WILLIAM C. RYD	ER	41 8	EAST ANT	ETAM ST.	, HAGERST	OWN,MD.	21740			
Baltimore,			20a. Mathod of Disposition 1 → Burial 2 □ Crametion 3 □ F 4 □ Donation 5 □ Othar (Specify)	temous from State	Place of Dis cematary, c REST HA	OWN, MARYLAND							
Balt	permit. Pege Department of Important: If any injury or once.		21. Signeture of Funarai Service Licensee ANDREW K. COFFMAN FUNERAL HOME, INC. 40 E. ANTIETAM STREET, HAGERSTOWN, M.										
	0_		23a. Pert1. Entar tha disaase, or complished, or haart failura. List only or	cetions that caused tha de na cause on each line.	eth. Do not a					Approximata interval Batween Onsat end Death			
	Physician /Medical Examiner		Immediata Causa (Final diseasa or condition rasulting in daath)				NFARCTI	0 N		SUDDEN			
-	pet usit	Examiner)	(or as e cons								
90,	e execution and vurial-tra	i Exa	Sequentially list conditions, if any, laading to immediate causa. Entar Undarlying Cause (Disaasa or injury that initiated events	Dua to	(or as e cons	equance of):				1			
x 68760,	certificate be executed nding physicien and use as the burial-transit	Physician/Medical	that initiated events ' rasulting in death) Last Dua to (or as a consequence of):										
Box		lan/											
, P.O.	that the ded by the		Pert II. Other significant conditions con	tributing to death but not r	asulting in the	undarlying causa	givan In Part I.		23b. Did tobacco use contribute to the cause of de 1 ☐ Yes 2 🕱 No 3 ☐ Probably 4 ☐ Unit				
of Vital Records,	sw requires is been sign 2 should be	Completed by							s an autopsy formed?	24b. Wara autopsy findings available prior to complation of cause of daath?			
æ	e + 6	E						1□	Yes 2 No	1 ☐ Yas 2 ☐ No			
ita		Be C	25. Was casa rafarrad to medical				28. Pieca of D	Daath (Chack only	ona)				
2	\$ 00 D	70	axaminar? 1 🙀 Yas 2 🗆 No	lospital: 1 Inpatiant 2	☐ ER/Outpat	lent 3X DOA	Other: 4 Nursing	gHoma 5□Ras	sidance 8 🗆 Ott	ner (Specify)			
o uoi	and and		27. Mannar of Death 1 Matural 5 ☐ Panding 2 ☐ Accidant invastigation	28a. Data of Injury (Month, Day Year)	of 28c. I	28d. Describe	how injury occur	rred					
Division		Certification:	3 Suicide 6 Could not be datarmined	28e. Piece of Injury - At building, atc. (Spe		straat, factory, offi	Се		(Street and Numi own, Stata)	ber or Rural Routa Number,			
	To the Hospital or within 24 hours after to the Funeral Director completely filled in	edicai (29a. Cartifiar (Check only one) 1□ Certifying Phys 2 Medical Examin	ilclan: To the best of my killer: On the basis of axaminand mannar stated.	nowledge, de nation and/or	eth occurred at the Invastigation, in m	time, dete end ple y opinion, death oc	ce, end dua to the curred at the time	a causa(s) and m , data and place,	annar as stated. and due to the causa(s)			
	To the within To the comple	ž	29b. Signetura end titia of perfilier	11 00	1 1	29c. Lic	ansa number		29d. Dete signe	ed (Month, Dey, Year)			
			Home	4. Obacks	ked		11266		JULY	3, 1996			
	u adlas		30. Nama and addrass of person who co HOWARD N. WEEK	· ·			IE, HAGE	RSTOWN	, MARYL	AND 21742			

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		Decadent's Nama (First, Middla, I	act)		Cert	tificate of		2. Data of De	Reg. No.	96	20/84
Physician	ı	Charles Loui		son				Month	20 ^{Day} 96	Yaer	3. Tima of Death
Medical Examiner	•	4a. Facility Nama (If not institution, g					4h City Town o	r Location of Daati		u of Dooth	2:58 AN
Examiner		Prince Georg					Chever				eorges
uneral rector		173-24-0231	Sax 7. X□M 2□F	Age (In yrs. last bir	thday) Yrs.	If Under 1 Yaar Months Deys					pleca (Stata or Foreign ntry) Sburg, P
notified #		Usual Rasidance of Dacadant 10a. State 10b. County 10c. City, Town or Location Maryland Prince George's Capitol Heights								1	10d. Insida City Limits
		10e. Straat and Number 6703 Arlene Drive 10f. Zip Coda 20743							10g. Citizan of	What Cour	ntry?
by Funer	2	11. Meritel Status 1 □ Navar Married 2 🔯 Marriad 3 □ Widowad 4 □ Divorced	if Vas Give	int Evar in U,S. s? 1/20/55 No 1/18/57	7	as Decedent of Pas, specify Cub □ Yas 20010000000000000000000000000000000000		Spacify Yas or No rto Rican, atc.)		ce - Amaric ck, Whita. fy: Bla	atc.
event, the Medical Be Completed	200	15. Dacedant's Education (Specify only highast grada complated) Elemantary/Secondary (0-12) 2+ 16e. Decedant's Usual Occupation (Give kind of work done during most of w						16b. Kind of B			
Com	3						1				
		7 3 3 3 3 4 5 5							Maidan Sumai	ne)	
traumatic	+	19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Straat and Number or I								Stata. Zlo	Coda)
1		Alma Robinson/Wi		apitol H							
other		20a. Mathod of Disposition		20b. Place of		tion (Nama of atory or other pla		Date 20c. Location - City			
ury or		1 X Burial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spec		Maryla Maryla	and	Veteran	's	6/25/96	Chelte	nham,	MD
any injury or once.		21. Signature of Funaral Service Licensaa 22. Name end Addrass of Facility J. B. Jenkins Funeral Home									
	+	23a. Part1. Enter the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 7474 Landover Road, Landover, MD 20785 Approximate interval Between Onset and Development of the complete of the co									
ng physician end W 6 se the bunial-transit C 2 se the bunial-transit C 2 se the bunial-transit C 2 se the bunial-transit C 2 se the bunial-transit C 2 se the bunial-transit C 2 se the bunial E	I	Immediete Causa (Final disease or condition resulting In death) Sequantially list conditions, fany, leeding to immediate cause. Enter Underlying Causa (Disease or Injury het initiated events	a. 11/4 b. Ane	Dua to (or as a c	conseque	ance of):	ction				Emmediate 6 months
for use es the		asulting in daath) Lest	d	Due to (or as a c	onsequa	ance of):					
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al director, pag		1 7Yes 2 No	Hospitai: 1 ☐ Inpa			3 DOA Oth	4 LI Nursing	Homa 5 ☐ Rasio		. , ,	0
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Completely filled in by the funer Medical Certification		29a. Cartifiar 1 CertifyIng P (Check only one)	nyalcian: To the bes minar: On the basis and manner:	of axamination and	daath o Vor Inves	occurred at tha tir stigation, in my o	na, date end plec pinlon, deeth occ	e, and dua to tha curred at tha tima,	cause(s) end mo date and place,	annar as stand dua to	ated. tha cause(s)
Me	100	9b. Signature and Mile of certifier	and manned (29c. Licens	a number		29d. Date signe	d (Month, L	Day, Year)
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State of Maryland / Department of Health and Mental Hygiene

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Examine	r	4a. Fecility Name (If not institution, giv		1 0				ocation of Daath			- e - le		
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natur natur	e l	15. Decedent's Ed (Specify only highast gra	fucation	16a. D	ecedant's Usuai Occ	cupation	nst of work	ina	16b. Kind of B	usinass/in	dustry		
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Attending Phi or death. ector: Atter thi by the funeral		27. Mannar of Death 1 Natural 5 Panding 2 Accidant invastigation	28a. Data of Injury (Month, Day Y	28d. Describe I	28d. Describe how Injury occurred								
7 4 4 C		3 Suicide 6 Could not be datarmined						28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)					
within 24 hours e To the Funeral D completely filled I		29a. Cartifiar (Check only one) 1 Certifying Ph	ysician: To the bast of r niner: On the basis of a and mannar state	kamination end/	daath occurred at tha or invastigation, in m	tima, data y oplnion, d	and place, aath occurr	and dua to tha red at tha tima,	causa(s) and madata and place,	annar as si and dua to	ated. tha cause(s)		
To the comple	- 1	29b. Signature end titla of certifier		<u></u>		insa numbe			29d. Data signe				
	-	30 Name and address of access to	nompleted source of dear	th /ltom OD-1 /m		- 12			J UNE 1	1,01	1/0		
		30. Nama and addrass of person who J. Berger,	M.D. 772	20 Wis	consin A	ve #	205	,Bethe	sda,Md	. 20	814		
State	•	31. Date filed (Month, Day, Year)	32. Ragistrar's										
Registrar		JUN 25 1996	he developed	dell									

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State of Maryland / Department of Health and Mental Hygiene 96 20786

						Cei	rtificat	e of	Death			Reg. No	0.		
Dhye	ician	1. Decedent's Neme (First, M	iddle, Lest)								2. Dete of Month	Deeth De	av V	'eer	3. Time of Death
Phys /Me	dical	JEFFERY M	ITH					JUNE		1996	661	12:10 P			
Exam		4a. Fecility Neme (If not instit	ution, give stree	et end numb	per)				4b. City, To	wn, or Lo	ocation of D	eath 4c	. County of	Deeth	
		27100 SCOT	LAND F	KWY.					SAL	SBU	RY	W	ICOM	ICO	
Funer	al	5. Social Security Number	6. Sex		Age (In yrs. le	est birthday)	if Under Months	1 Year Days				Birth Dey, Yeer	9	. Birthpi	ece (State or Foreign ry)
Directo	or	217-48-2747	×М	2LJ F	35	Yrs.	WORKIS	Days		(OCT. 3	31,196	50	MI	3.
pu *		Usuel Residence of Decaden 10a. Stete 10b. Cou			10a Cibr	, Town or Lo	antine.								
aryla	2	100.00				LISBUR								10	d. Inside City Limits
ha M	Director	MD. WI	COMICO		SAI	LIDBOK									
with po							10f. Zip		0.1			ry?			
a 23	Funeral	27100 SCOTLA					1	218					U.S.		
tar da	S	11. Marital Sfatus 1 ☐ Never Married 3 ☐ 1		Armed Force		er in U,S. 13. Was Decadent of Hispenic Origin? (Sp. If Yes, specify Cuben, Mexican, Puerto					pecify Yes or No- Decify Yes o				
21215-0020 d within 72 hours efter death with the Meryland glane. Ir then "neturel", or Items 23s or 28s-f show the Medical Examiner invest to notified at	by			1 ☐ Yes 2X No If Yes, Give 1 Yeer or Dates:			1 ☐ Yes 2X No Specify:					Specify: W			ľE
2 hou	8	. 15. Dece	dent's Education			16e. Deced	dent's Usue	l Occur	etion			16b. K	(ind of Busin	ness/Indi	ustry
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be filed ttal Hygi d other	Be		fle, Lest)			18. Mother's Nem					(First, Mia	dle, Maider	Sumeme)		
	To	WILLIAM H	. SMITH	i						JEA	N MORRIS				
Taryla 2 should and Man 1s marks aumatic		19a. Informent's Neme/Relati		b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)											
		SUSAN SMITH-	2710	0 SCO	TLA	ND PA	RKWA	Y, SA	LISBUE	RY,MD.	218	301			
of Her		20a. Method of Disposition			0.0	Plece of Disposition (Neme of cametery, cremetory or other pleca)				Dete	20c. L	20c. Location - City or Town, State			
Pages nant of I not: If its		1X Burial 2 Cremeti 4 Donetion 5 Othe		WICO. MEM. PARK					6/25	SAL	ISBURY	7, M	D.		
Baltimore, permit. Pages 1 ar Department of Hea Important: if them any Injury or other	ė	21. Signature of Funeral Serv	ica Licensee	1)	0) 22	. Neme en	d Addre	ss of Fecilit	ty	21804				
n sale	Suce	BOUNDS FUNERAL HOME, 705 E. MAIN ST., SALISBURY, M													
E COL		23 Fert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate intervel Between													
ox 68/6U, certificate be executed ding physician and sa as the bunial-transit	Examiner	disease or condition resulting in deeth) Sequentially list conditions,	e	13(0)		es e conseq	uence of):	20	10710	13 (1000				
os fou, flicate be ex physician as the burial		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury													
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	lan														
· 0 a 0	Physician	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.									23b. Did tobacco use contribute to the cause of death?				
Thet the											1 Yes 2 No 3 Probably 4 Unknow				ably 4 Unknown
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ding After fune	tion	1 Naturel 5 Per	ding	(Month, i	Dey Year)	Injury		3c. Injur Wor 1 □	k? Yes 2√2/i					-	MCDA
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24 h 24 h Fur letely	edical	(Check only 2X Medic	al Examiner:	On the basis	s of examination	on end/or inv	estigetion,	in my o	plnion, deel	th occurr	ed et the tin	ne, dete end	d pleca, end	due to t	the ceuse(s)
To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Me	29b. Signetare end title of cart		1			29c.	Licens	e number			29d. Da	ife signed (A	Month, D	ey, Year)
- > - 0		MONIT	[(h.	Mh.	12			0	CME						
		30. Neme end eddress of pers	on who comple	ted cause o	of death (Item :	23a) (Type. F	Print)		CME	-		JUN:	E 23,	199	0
19		MARYANHO			W)111			ree	t, Ba	alti	more	. Ma	rvlar	nd 2	1201
s	tate	31. Dete filed (Month, Dey, Ye	ar)	32. Regi	streets Signatu	Ire P	11		, 20			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			LEVI
Regis	trar	JUN S	24 1996	1	A SUMMA	Pr. P. C. P. C.	49								

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 2. Dete of Death Month Physician JULY Gladys Virginia SMITH /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Washington Washington County Hospital Hagerstown If Under 24 Hrs. If Under 1 Yeer 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** Hours Months Deys 1 M 2 F 232-07-5956 Yrs Director June 9 1918 Virginia 78 Usuei Residence of Decedent death with the Maryland 10d. Inside City Limits 10a. Stete 10b. County 10c. City, Town or Location item 27 is marked other than "natural", or items 23s or 28s-f show other traumetic event, the Medical Examiner must be notified at Director 1 Yes 2 No Berkeley Springs W. Va. Berkeley 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 25411 U.S.A. 302 Pine Street Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Status 14. Rece - American Indien, permit. Pages 1 and 2 should be filed within 72 hours attar of bepartment of health and Mental Hygiana. Important: If item 27 is marked other than "natural, or item any injury or other traumetic event, the Medical Esemines Bieck, White, etc. 1 ☐ Yes 2 🔯 No If Yes, Give Yeer or Detes: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yes 2 ☒ No Specify: by 3 ☑ Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 18e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Clothing Manufacturer 12 0 Machine Operator 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) Charles Webster 9 Nellie Marie 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Christina Lewis /Daughter 302 Pine Street Berkeley Springs, W.Va. 25411 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Hagerstown, Maryland Hagerstown Crematory 21. Signeture of Funerei Service Licanses 22. Neme end Address of Fecility Minnich Funeral Home James T. Spicer 415 E. Wilson Blvd. 21740 Hagerstown, Md. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Physician Immediate Cause (Final disease or condition resulting in death) /Medical Metabolic 24 hours Examiner Examiner physician and the burial-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e cons Records, P.O. Box 68760, Physician/Medical Due to (or es e consequenca of): USB BS been signed by the s should be datached Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 212 No 3 Probably 4 Unknown by 24b. Were eutopsy findings evaileble prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? certificata has 2 No 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific completely filled in by the funeral director, 25. Wes case referred to medical examiner? Be 28. Place of Deeth (Check only one) Hospital: 10 1 Yes 2 No Other: 4 Nursing Home 5 Residenca 8 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of Injury Certification: 28c. tnjury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending investigetion 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and pleca, and due to the cause(s) end manner as steted. Medical (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end manner stated. 29b. Signeture end title of cartifier 29d. Dete signed (Month, Day, Year) 2.6. 26579 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) Hagestown, Kupler MD Northen 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

				C	ertificate of	f Death		Reg. No.	20	20100		
21.1		1. Decedent's Neme (First, Middle, L	ast)				2. Dete of Dee	eth Dev	Yeer	3. Time of Death		
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\$	niner	4e. Fecility Neme (If not institution, g	ive street and number)			4b. City, Town, or	Location of Deeth	4c. County	y of Deeth			
		Washington Coun	ty Hospital			Hagerst	own	Was	shing	ton		
Funer	al	5. Social Security Number 6.		rs. last birthdi	Months Day			h		leca (Stete or Foreign		
Direct	or	342-12-5628	7 TO M 2 LAP 7	5 Yrs				30 1921		inois		
pur *		Usual Residence of Decedent	100	City Town or	Location					0d. Inside City Limits		
anyla sho		10a. Stete 10b. County 10c. City, Town or Location										
he N	Director	Maryland Washir				1 ☐ Yes 2 ☐ No						
E & K	급	10e. Street end Number			10f. Zip Code			10g. Citizen of		try?		
ath v	Funeral	1706 Howell Road		217				.S.A.				
ar de item	Š	11. Meritel Stetus	12. Was Decedent Ever in Armed Forces?	n U,S. 1	Was Decedent of If Yes, specify Cu	Hispenic Origin? (S ban, Mexican, Puer	specify Yes or No- to Rican, etc.)	Bie	ce - Americ ock, White, o			
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mit. Pagas 1 al partmant of Has portant: If Item.		4 Donetion 5 Other (Spec	" 1.0	Cedar L	awn Memor		7/8/96	Hagers	town,	Maryland		
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0.0	ч	- Cott	10 / unn	ich.	415 E W	leon Blaze	Насол	estown.	Md.	21740		
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ocute and trans	am am	Sequentially iist conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury) Cause (Disease or Injury)										
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law requires that the death cartificate be axecuted as been signed by the attending physician and a 2 should be detached for use as the burial-transit	edicai	thet initiated events resulting in death) Lest	Due to	(or es a cons		-11	,					
a as t	2		Car	dias	lac Hrymuia							
aath carl attandin for usa	Physician/	d										
the at	S	Pert II. Other eignificant conditions				given in Pert I.	23b. Did t	obacco uee co	ontribute to	the cause of deeth		
that the di	P.	Agete	Prece	12 /2-3	ritis		10	ree 2 No	3 Prot	pably 4 Unknow		
as tha igned be da	þ	1		0,00	ve us							
sician: The law requires the cartificate has been signe irector, page 2 should be on		Acute	16				24e. Wes	en eutopsy med?	24b. We	ere eutopsy findings elleble prior to		
aw resistance	Completed								cor	mpletion of cause deeth?		
The law ata has page 2	- E						101	es 2 No	10	Yes 2 No		
ician: The l cartificata ha	0	25. Wes case referred to medical				26 Place of De	eth (Check only o					
Physician: this cartific ral director,	ToB	exeminer?	Hospital:	□ ER/Outpa	tient 3 DOA	ther:	Home 5 Resid		her /Snecifi	v)		
Phys rrthis eral di		27. Menner of Deeth	28a. Dete of Injury (Month, Day Year		e of 28c. Inj		28d. Describe			,		
or Attanding F aftar death. Director: Aftar d in by tha funer	Certification:	1 Neturel 5 Pending 2 Accident investigation		') injur		onk? ⊒Yes 2.⊒No						
Attandir r death. ector: A by tha fu	ij.	3 ☐ Suicide 6 ☐ Could not	200. Place of injury - A	t home, farm,	street, factory, office	9			ber or Rura	l Route Number,		
afta din	F	4 Homicide	building, etc. (Sp.	ecify)			City or Tou	m, Stete)				
To the Hospital or Attanc within 24 hours aftar deatl To the Funeral Director; complataly filled in by tha	edical C	29a. Certifier 1 Certifying P (Check only one) 2 Medical Exa	hyeician: To the best of my laminer: On the basis of exemend end menner steted.	knowledge, de ination end/or	eeth occurred et the	time, dete end plece opinion, deeth occ	e, end due to the curred et the time,	ceuse(s) end m	enner es st , end due to	ated. the cause(s)		
othe ithin othe	¥ ĕ	29b. Signeture and title of certifier	stoted.		29c. Licer	nse number		29d. Date signe	ed (Month.)	Dey, Year)		
F 3 F 8		Allen	(11.1)			25-11	9 -	7/	1/5	7		
		1011 rance				13 1	/ /	- /	(/	6		
		30. Neme end eddress of person who	ac KA A A	Item 23e) (Typ	pe, Print)	15-	V557	HAGGE	255	WN, MD 21741		
		14NVIK 7.	11>1101 MD	2/	6 1-11	L 2/1	CEO 1 1	111400	- 10	2 7		
	State	31. Date filed (Month, Day, Year)	32. Registrer's Si	gnature						2114		
Regi	strar	JUL 0 9 19	196 July Dun	servant	ملا							
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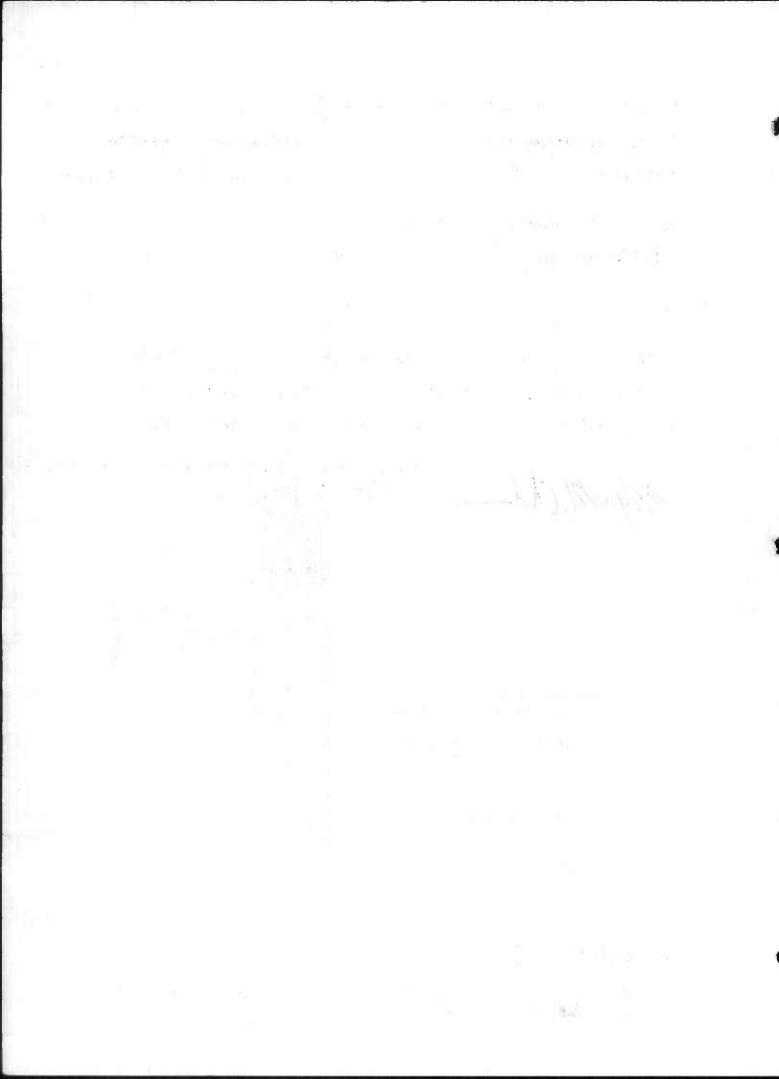
Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Month NAomI PATRICIA SCHAFFNER 2:15 Am JUNE 30 /Medical 4e. Fecility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Williamsport Nursing Home Williamsport WASHINGTON H Undar 1 Yaar H Undar 24 Hrs. 8. Data of Birth (Month, Dey, Year) Min. Min. 18, 1920 5. Social Security Number Birthpiaca (State or Foreign Country)
 Arkansas 7. Aga (In yrs. last birthdey) **Funeral** 1 □ M 2 🖾 F Yrs. 432-09-0863 76 Director Usual Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental Hyglene.

Biff: If Item 27 Is marked other than "natural", or items 23a or 28a-f show ary or other traumatic event, the Medical Expension result be notified at 10b. County 10a Stata 10c. City. Town or Location 10d. Insida City Limits 1 ☐ Yes 2 ☒ No Director Prince Georges Bowie 10e Street and Number 10f. Zip Code 10g. Citizan of Whet Country? 2712 Birdseye Lane 20715 USA by Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Give Yaer or Detes: 14. Race - American Indien, Bleck, White, etc. 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Never Merried 2 ☐ Married Baitimore, Maryland 21215-0020 White 1 ☐ Yes 2 ☑ No 3 D Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) College (1-4or 5+) Medical 12 Administrator 17. Fathar's Nama (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumema) Be 10 Dressendorfer Richard Anthony Mary Beulah 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Streat and Number or Rural Route Number, City or Town, Stete, Zip Code) Rosemary Lindle 2712 Birdseye Lane Bowie.MD 20715 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stete Department of Important: If any Injary or ance. 4 ☐ Donation 5 ☐ Other (Specify) Smithsburg Crematory July 1,1996 Smithsburg, MD 21783 22. OSBORNE FUNERAL HOME P.O.Box # 348 Williamsport, MD 21795 the disease, or complications that caused the death. Do not anter tha mode of dying, such as cardiac or raspiratory arrast, and failure. List only one ceuse on each line. Approximete Intarval Between Onset and Death Physician /Medical Immediata Cause (Final 7 DAYS disease or condition resulting in death) Examiner Physician/Medical Examiner The law requires that the death certificate be executed the burial-transit Sequentially list conditions, if any, leading to immediata cause. Enter Undarlying Cause (Disease or Injury that initiated evants resulting in deeth) Lest pue Dua to (or as a consequence of) Records, P.O. Box 68760, the attending physician Dua to (or as a consequence of) for use as signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 Probably 4 Unknown PNEWMONIA Be Completed by 24b. Were sutopsy findings aveilable prior to completion of cause of death? 24a. Wes an autopsy performed? page 2 should peed PROGRESSIVE DEMENTIA After this certificate has 1 ☐ Yes 2 No 1 ☐ Yas 2 ☐ No Division of Vital or Attending Physician: director. 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Hospitel: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Other: 4 Nursing Homa 5 ☐ Residence 6 ☐ Other (Specify) 2 1 Yes 2 No funeral Certification: 27. Mennar of Death 28a. Dete of Injury (Month, Dev Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 Naturel 5 Pending To the Hospital or Attendin within 24 hours after death.

To the Funeral Director; Af completely filled in by the fu 1 Yas 2 No death. 2 Accidant invastigetion 6 Could not be determined 3 Suicide 28e. Pleca of injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homloide 29a. Certifier (Check only one) Medical 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as steted. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner steted. 29b. Signature end titla of certifier 29c. License number 29d. Date signed (Month, Dev. Year) 3 M 370 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print) 7542 OVERLOOK DR. (SOONSBORD, MD 32. Registrat's Signature State

Registrar



	1 - FOR STATE REGISTRAR	E OF MARYLAND / DE	PARTMENT OF H	EALTH AND ME	NTAL HYGIENE		
	1. DECEDENT'S NAME (First, Middle, Last)				. DATE OF DEATH		3. TIME OF DEATH
	ALVINE JEANE	TTE SETT	TE		MONTH DAY		10:25 P M
1	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birt	The same of the sa		DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign
	214-09-3172 1 I M	04	YRS. MONTHS DAYS		(Month, Day, Year) ec.31,191	Cour	ary land
(m	9a. FACILITY NAME (If not institution, give street and nu			R LOCATION OF DEATH	1	9c. COUNTY OF	
DIRECTOR	Williamsport Nursing	Home	Willia	amsport		WASHI	NGTON
H.	10e. STATE 10b. COUNTY		C. CITY, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	Maryland Washingt	on	Williamspor				1 TYES 2 NO
FUNERAL	16060 Spielman Rd.		101.	ZIP CODE			WHAT COUNTRY?
N.		DECEDENT EVER IN U.S. ARMED	1 2 440 000	21795 ENDENT OF HISPANIC	20101110 10 11 11	USA	
	1 Never Married 2 Married FORC	ES? 1 YES 2 NO	if yes, spe	cify Cuban, Mexican, P		Ble	CE American Indian, ck, Whita, atc.
ВУ	3 Widowed 4 Divorced	, ore two on bales	1 🗆 YES	2 NO Specify:		Spe	White
TE	15. DECEOENT'S EDUCATION (Specify only highest grade completed)	(Give ki	ENT'S USUAL OCCUPATIO	N st of working	18b. KINO OF BUSI	NESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12) College	(1-4 or 5+)	not use retired.) † Metal Wor	de o m	A:====	- M	
₩.	17. FATHER'S NAME (First, Middle, Last)	Jilee	I Metal Wor		Aircraf		acture
	Charles Con	rad Fru	sh	Margar			ensbeger
) BE	19a. INFORMANT'S NAME (Type/Print)	19b. M/	AILING ADDRESS (Street at				choocger
5	Charles C. Settle	86	74 Downsvil	le Pike W	illiamspo	rt,MD 2	1795
	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal from : 4 Donation 5 Other (Specify)	State 20b. PLACE AND	DATEOFDISPOSITION (No.	1	0ATE 20c. LOC		Town, Stata n , MD 21740
	21. SIGNATURE OF FUNERAL SERVICE LICENSES	1		PADDRESS OF FACILI		gersiowi	11,10 21740
	Mayor M. al	·		x # 348 W		rt.MD 2	1795
П	23. PART I. Enter the diseases, or complication of the complete co	one that caused the deeth.	Do not enter the mod	de of dying, auch a	a cardiac or reapire	itory arrest,	Approximate
П	IMMEDIATE CAUSE (Final						Interval Between Onset and Death
	disease or condition resulting in death)	MYOCARD IA	L FN	FARCTION	U		12 HOURS
_		DUE TO (OR AS A CONSEQUEN	NCE OF):				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A CONSEQUEN	NCE OF):				
S	Cause. Enter UNDERLYING CAUSE (Disease or Injury						
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUEN	ICE OF):				
CEF	d						
AL	PART II. Other algnificent conditions contribu	uting to death but not resul	iting in the underlying	cause given in Par	t I. 24a. WAS AN A		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC	EMPHYSEMA				1 TES 2	X NO	COMPLETION OF CAUSE OF DEATH?
M					_		1 YES 2 NO
AN	DID TOBACCO USE CONTRIBUTE To MEDICAL		YES NO L	UNCERTAIN			
2	EXAMINER? HOSPIT	TAL:	OTHER:	262-1416-176			
H	27. MANNER OF DEATH 26a.	tlant 2 ☐ ER/Outpatient 3 ☐ D DATE OF INJURY 28	b. TIME OF 28c, INJU	5 Residence 6	d. DESCRIBE HOW IN.	ILIBY OCCURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY WOR		a. degonine non me	JOH! CCCONED	
	3 Suicide a Could and 28e.	PLACE OF INJURY — At home, building, stc. (Specify)	term, atreet, lactory, office	28	I. LOCATION (Street an Cify or Town, State)	d Number or Rural	Route Number,
ET							
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIAN: To the bound one) 2 MEDICAL EXAMINER: On the bound of	e best of my knowledge, death on the best of axamination and/or investigation and the best of the best	occurred at the time, data at tigation, in my opinion, de	and place, and due to t ath occured at the time	the cause(a) and mann a, data and placa, and	er so stated. due to the cause	(a) and mannar as stated.
	296. SIGNATURE WO TITLE OF CERTIFIER			29c. LICENSE NUMBE			D (Month, Day, Year)
TO BE	CHOWE. M)		D33700		- Junie	27. 1996
-	30. NAME AND ADDRESS OF PERSON WHO COMPLET	F1	-	T			
	JED E. HOWE, 7	542 OUERI REGISTRAR'S SIGNATURE	LOOK 19	RIVE, 1500	DIVS 130RO	MD	
	JIN 2 7 1996	M. J P		,			
	- JUN Z / 1330 YAM	THE PARTY OF THE P					

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State of Maryland / Department of Health and Mental Hygiene 96 2079 |

Cortificate of Death

						Ce	rtificat	e of	Death		1	Reg. No.		
Physicia Medic	_	1. Dacedant's Nama	(First, Middle, L	ast)		Ç	SON	G-			2. Data of Date Month JUNE	Dav	996	3. Time of Death 8: 45 Am
Examine	_	4a. Facility Nama (If	not institution, gi	ive street end nur	n <i>ber)</i>				4b. City, To	wn, or Lo	ocation of Daath	4c. Count	y of Death	
Funeral Director		Prince 5. Social Sacurity Nu 577-06-			al Cent 7. Aga (In yrs. 50		If Unde Months	1 Year Days	Cheve If Undar Hours		8. Data of Birt (Month, De	n v. Year)	9. Birth	eorge's piaca (Stata or Foraign ntry) bodia
		Usuai Rasidanca of									oun. 1,	1740	Odin	DOGIA
r 28a-f show	tor	MD MD	10b. County Prince	George'		ity, Town or L 7attsv:								10d. Insida City Limits 1 ☑ Yas 2 ☐ No
ith the	l'ec	10e. Street and Num	ber				10f. Zip	Coda				10g. Citizan of	What Cou	ntry?
th wil	a	2203 Va	nburen S	treet			20	782				U.S.A.		
72 hours after deeth with the Marylend nature!', or Itema 23a or 28a-f show line! Examinet must be muiffed at	by Funeral Director	11. Marital Status 1 Nevar Marrie 3 Widowed		12. Was Dece Armed Fo 1 Yas If Yas, Giv Yaar or D	/a	J,S. 13.	Was Dece If Yas, spe 1 Yas		dispanic Ori an, Maxican Specify:	gin? (Sp , Puarto	ecify Yas or No- Rican, atc.)	14. Ra Bia Speci	ce - Amariack, Whita,	
c	Completed	(Speci	15. Decedant's E fy only highest gr	rade completed)		16a. Dece (Give lifa.	edent's Usu e kind of wo DO NOT u	el Occup ork done sa retire	pation during most d)	t of work	ing	16b. Kind of E	Businass/In	dustry
filed within Hygiene. other than	E O	Elementery/Secon	idary (0-12)	Collaga (1	-40r 5+)	Mach			-			Choco1	ate F	actory
be fi	To Be C	17. Fathar's Nama (i		<i>t)</i>					18. Motha Youl		a (First, Middle,	_	-	
d 2 should th end Mer 7 is marke traumatic		19a. Informant's Na	me/Ralationship	(Type, Print)		19b. Maii	ing Addras	s (Straat	end Numbe	or Rur	al Route Numbe	r, City or Town	n, Steta, Zip	Code)
ges 1 and 2 it of Health er If Rem 27 is or other trau		Pola Kr	y (Daugh	ter)		9517	51st	Ave	nue, (Coll	ege Parl	k, Mary	land	20740
of He Rem		20a. Mathod of Dispo				Place of Disp cematary, cre	osition (Na	me of		i	Data	20c. Location		
9 5 4 7		1 ☐ Burial \ 2 Ø	Cramation 3 [Ramoval from	Stata	tropo1				06/	127/96	Alexan	dria.	Virginia
permit. Peges 1 ar Department of Hea Important: If item 2 any injury or other once.		21. Signature of Fun			1	2 I	2. Nama a	nd Addra	ss of Facilit	S So	ns Fune:	ral Hom	e, P.	Α.
	-	23a. Part f. Enter the shock, or heart	a disagsa or cod	nolications that c	ausad the dea	th Do not an	+739 1	Balt:	imore	Ave	nue, Hya	attsvil	1e, M	1D 20781
Phy ician /M dical Examiner		shock, or heart Immediata Causa (F disaasa or condition resulting in deeth)	inai		Due to (4	-		lin	5		Approximata Interval Between Onset and Death
1 8 8240	ě			0	Due to (or as a conse	quence of	21	7	- :	1	1	1.	2
end end l-transit	ami	Sequentially list con	ditions.	b. Er	Due to (or as a conse	quence of):	ta	der	ne	-		- 1	agg
certificate be axecuted ding physician end se es the buriel-transit	/Medical Examiner	Sequantially list con if any, leading to imr cause. Enter Undar Causa (Disaase or in that Initiated avants rasulting in daath) Li		С	Due to (c	or as a conse	quence of):							
65				ď										
thet the detache	by Physician	Part II. Other signific	cant conditions	contributing to de	eath but not ras	sulting in tha	undarlying	causa giv	ven in Part I	•	23b. Did t	5/	3 Pro	o the cause of death?
has been sign	Completed b				Į1						24a. Was perio	an autopsy med?	av	are autopsy findings vailable prior to impletion of causa deeth?
The i	O P										1 D Y	as 20 No	16	Yas PINO
dcian: The	Be	25. Was casa rafarre	ed to medical						26. Placa	of Deat	h (Check only o	na)		
	0	axaminar?	lo	Hospital:	npatiant 2] ER/Outpatie	nt 3 D	OA Oth	nar: 4 🗆 Nu	rsina Ho	ma 5 Rasio	anca 6 □Ot	har (Specia	fv)
To the Hospital or Attending Physical Within 24 hours efter deeth. To the Funeral Director: After this completely filled in by the funeral directors.		27. Manner of Death Natural 2 Accident	5 Panding Invastigation		of Injury h, Day Yaar)	28b. Tima o Injury	of M	28c. Injur Wor 1 🔲			28d. Dascribe h			,
al or Atte s efter de d Directo d in by th	Certification:	3 ☐ Suicida 4 ☐ HomlcIda 6 ☐ Could not be datarmined 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)									28f. Location (S City or Tow	itreet end Num n, Steta)	ber or Run	al Routa Number,
Hospitu 24 hours Funeral letely fille	29a. Cartifiar (Check only one) 29m Medical Examiner: On the basis of exemination and/or invastigation, in my opinion, death occurred at the time, data and play and manner stated.								d place, th occur	and dua to tha d red at tha tima,	ause(s) end m data and placa	nennar es s , and dua t	stated. o tha cause(s)	
To the comp	Σ	29b. Signatura and ti	tla of certifiar				29	c. Licans	a number		11	29d. Date sign	gel (Month,	Day Year)
2		1/1	1	-0-	2			7 -	03	1	6	6/	-1	91
(1)	-	30. Nama and addres	ss of person who	completed cause	a of death (Iter	m 23a) (Tvoe	Print)	7	0 3	1	7	0/0	5/	150
			avenis,					· C	hever	1 17	Marylan	d	S	
State		31. Data filed (Month			agistrar's Signa		DITA	-, 0	iie vel	ту ,	rial y Lal			
Registra		JUN			Murden	Karball	1							

PARK DE LE COURT BEREIT

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State of Maryland / Department of Health and Mental Hygiene 95

					Cei	rtificate of	Death		Reg. No.		20102
	Dhusisi		1. Decedent's Name (First, Middle, Li	ist)				2. Date of De		Year	3. Time of Death
	Physici /Medi		Eloise	W		Skinne		June 1	8, 1996		3:45 p.m.
À	Examir	er	4a. Facility Name (If not institution, gi		+-1		4b. City, Town, or akoma F		Montge		7
		-	Washington Adv		LLGI . last birthday)	If Under 1 Year	If Under 24 Hrs				
	Funeral Director		579-28-9654 Usual Residence of Decedent	- Y	74 Yrs.	Months Deys	Hours Min.			Vashi	ce (State or Foreign y) ngton,
	Maryland	tor	D.C. 10b. County		ity, Town or Lo					100	d. Inside City Limits
	th with the 23a or 28	Funeral Director	10e. Street and Number 1009 S Street	N.W.		10f. Zip Code 20001			10g. Citizen of V USA	Vhet Country	y?
21215-0020	ges 1 end 2 should be filed within 72 hours after deeth with the Maryland it of Health and Mental Hyglene. If item 27 is marked other than "natural", or itema 23a or 28a-f show or other traumatic event, the Mexical Examines must be notified at	by	11. Meritel Stetus 1 ☐ Never Merried 2 ☐ Merried 3 ☐ Widowed 4 ☑ Divorced	12. Was Decedent Ever in the Armed Forces? 1 ☐ Yes 2 ☼ No if Yes, Give Yeer or Detes:		Was Decedent of H If Yes, specify Cubs 1 ☐ Yes 2 ☐ No	lispenIc Origin? (S an, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)		a - American ok, White, etc Black	c.
200	2 ho	ted	15. Decedent's E	ducation	16a. Dece	dent's Usuel Occup	ation	4.5	16b. Kind of Bu	ısiness/Indu	stry
21	ithin 7 le.	Completed	(Specify only highest gr Elementery/Secondery (0-12)	College (1-4or 5+)		kind of work done DO NOT use retired			Mation	-1 C	auri + w
12	filed within Hyglene. Ither then	Con	12th		Techn	ical As					ecurityA
Maryland	should be fill and Mental H marked oth	To Be	17. Fether's Neme (First, Middle, Last Eursley West				Martha	a Beasl	_	_	
	1 end 2 sho Health end em 27 is me ither traumi		19a. Informant's Name/Reletionship Jacquelyne Her	Type, Print) ndon-Daught	er 100	ng Address (Street) 9 S St.	N.W.,	WAShir	er, City or Town, agton,	State, Zip C DC 20	5601
altimore,	permit. Pages 1 er Depertment of Heal Important: if Item 2 any Injury or other once.		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci	Removal from State	cemetery, crer	esition (Name of matory or other place n Memori		Date 6-22 S	20c. Location - Suitlan		
Balti	permit. Depentralimportal		21. Signeture of Funeral Service Lice	nsee		arsmatt 1217 9th					
			23a. Rart1. Enter the disease, or con shock, or heert failure. List only	pilicetions thet caused the der						A	Approximete
)	Physician /Medical Examiner		Immediate Cause (Final disease or condition	one ceuse on each line.	selc	ell lu	NECN	en	/	lr Ir	nterval Between Onset end Death
	LABITUTE	100	resulting in deeth)	Due to (or as a consec	quence of):	1				
Π	ecuted and transit	Medicai Examiner	Sequentially list conditions, if eny, leeding to Immediate	b. Due to	or as a consec	quenca of):					
60,	be ex ician buriel	ai E	Cause. Enter Underlying Ceuse (Disease or injury	c							
x 68760,	erificete be executed ling physician end se as the buriel-transit		thet initiated events resulting in deeth) Last	Due to (or es e conseq	uence of):					
Вох	death ce	Physician/									
P.O.	0 0 0	ysk	Part II. Other algorificant conditions	ontributing to death but not re	sulting in the u	nderlying cause giv	ren in Part I.		/		he cause of death?
	es that the death igned by the atte be detached for	by Pł	ministry	2 Jrnun	ini	MADE	my	18	768 2□ No	3∐ Proba	ibly 4□ Unknown
Records,	w require been sign should t	Completed t	sylling	whim,	Wylk	Nymu	50		an autopsy ormed?	availe	e autopsy findings lable prior to pletion of cause eath?
	ician: The law certificate has rector, page 2		oruna	Hum	ropl	MILL		10.00	Yes 2 X No	10000	Yes 2□ No
₹	sicia certi	To Be	25. Was case referred to medical examiner?	Hospital: Inpatient 2	3 ER/Outpatier	nt 3C DOA Oth	de	ath (Check only o	one) dence 6 🗆 Oth	ne (Connike)	
on of	Attanding Physician: The law requires that the rideath. sector: After this certificate has been signed by the type the funeral director, page 2 should be detached.		27. Manger of Death 1 Natural 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Injur Wor		-	haw injury accum		
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ex.	To the Mospital or Attending Physicien: The Is within 24 hours efter deeth. To the Funeral Director: After this certificate ha completely filled in by the funeral director, page	edical C	29a. Certified 1 Certifying Pl (Checklorel) 2 Medical Example 1	nyeician: To the best of my known the control of the basis of examination of my known the basis of examination of examination of examinat	owledge, death ation and/or Inv	n occurred at the tin vestigation, in my o	ne, date and place pinion, death occ	a, and due to the urred at the time,	cause(s) and me date and place,	nner as stat	led. he cause(s)
	To the Within To the Comple	Me	29b. Signature and title of certifie	lulli	M	290 Licens	Number A		29d. Date signed	(Month, Da	ay, Yoar)
	0		30. Neme and address of person who Lewis Dennis	completed cause of death (ite	m 23a) (Type, Green	Print) belt Rd	. Colle	ege Par	k, MD	20740)

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State Registrar

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State of Maryland / Department of Health and Mental Hygiene

20793 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month 06 Darryl Antonio Spencer 5:30 AM /Medical 4a. Facility Name (If not institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner 3727 Donnell Drive #301 Forestville Prince George's 6. Sex 12 M 2 ☐ F If Under 1 Yaar 5. Social Security Number 7. Age (In yrs. last birthday) If Under 24 Hrs. 8. Data of Birth (Month, Day, Birthplaca (State or Foreign Country) **Funeral** Months Days Hours Min. 578-94-1482 28 Yrs. Director 11-02-67 Maryland Usuai Residence of Decedent the Maryland 10a. Stata 10b. County 10c, City, Town or Location 28a-f show 10d. Inside City Limits the Medical Examiner must be notified at Maryland Prince George's Director Forestville 1 XYes 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with ò 3727 Donnell Drive #301 20747 USA items 23e death Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Raca - Amarican Indian, should be filed within 72 hours after on Mentel Hygiena.

merked other than "netural", or ite Biack, White, etc. 1 ☐ Yes 2 No If Yes, Giva Year or Dates: TX Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ **Black** Specify: 3 Widowed 4 Divorcad Completed 16e. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Businass/Industry Eiementary/Secondary (0-12) College (1-4or 5+) Private Sales Person 12th traumatic event, 17. Father's Name (First, Middla, Last) . Pages 1 end 2 should be fill ment of Health and Mentel Hant: If item 27 is marked oth jury or other traumatic even 18. Mother's Name (First, Middle, Maiden Sumame) Be James Wilbert Spencer Beatrice Brown P 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) James Spencer/Father 500 Largo Center Drive #A212, Landover, MD 20785 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stata 1 XBurial 2 Cremation 3 Removal from State permit. Page Department of Important: If eny injury or once. 6/25/96 4 ☐ Donation 5 ☐ Other (Specify) Ft. Lincoln Cemetery Brentwood, MD 21. Signature of Funaral Service Licansee 22. Name and Address of Facility Percente J. B. Jenkins Funeral Home A. 7474 Landover Road, Landover, MD 20785 23a. Part1. Enter the disaase, or complications that caused tha death. Do not anter the mode of dying, such as cerdiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Intervel Between Onset and Death **Physician** morethan /Medical Immediata Cause (Final I mmmode 6 years disease or condition resulting in deeth) Exam ner Examiner The law requires that the death certificate be executed the bunal-transit Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last pue Due to (or es a consequença of) Records, P.O. Box 68760, physician Physician/Medical Due to (or as a consequence of): for use as ettanding Part II. Other signiffcant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the ceuse of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown signed t þ 8 page 2 should Completed 24b. Ware autopsy findings availabla prior to completion of ceuse of daath? 24a. Was an autopsy performed? After this cartificate has 2 No 1 Yas 1 ☐ Yes 2 ☐ No Division of Vital Attending Physician: director, Be 25. Was case referred to medical 26. Place of Death (Check only one) P 1 Yas 2 No Other: 4☐ Nursing Homa 5 ☐ Hesidence 6 ☐ Other (Specify) 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA in by the funarel Certification: 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending Invastigation 1 Naturai death. 1 Tyes 2 □ No s after death 2 Accidant 3 Suicide 6 Could not be Piaca of fnjury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 50 To the Hospital within 24 hours a To the Funeral C completely filled Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, end due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and placa, end due to the cause(s) and mannar stated. 29a. Certifier edical (Check only one) 29b. Signature and the of certified 29c. License number 29d. Date signed (Month, Day, Year) 2406 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) 696 XXXV HFU D 240 020NHILL ADZO 145 31. Date filed (Month, Dey, Year) 32. Registrar's Signature State JUN 2 4 1996 Registrar

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nema (First, Middle, Last) 2. Deta of Death 3. Time of Deeth Month Yee **Physician** 40 5: 4a. Facility Name (If not institution give street and number) 18 1996 NOTINIW /Medical Sim pm 4b. City, Town, or Location of Death 4c. County of Death Examiner Takoma Park

If Undar 1 Yaar If Under 24 Hrs. 8. De

Months Deys Hours Min. Washington Adventist Hospital Montgomery 7. Age (In yrs. last birthday) 31 Yrs. 8. Dete of Birth (Month, Dey, Year) Birthpleca (State or Foreign Country) **Funeral** 1 M 2 XF Director 11-16-64 SOUTH CAROLINA 145-62-4752 Usuel Residence of Dacedent with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits rai', or items 23s or 28s-f show Examiner must be nothed at 1 des 2 □ No Directo MARYLAND MONTGOMERY **BETHESDA** 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 10106 DICKENS AVE. 20814 o filed within 72 hours after death of all Hyglene. Coher than "natural", or items 23 Funeral UNITED STATES AMERICA 12. Wes Decedant Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Reca - American Indian, Black, Whita, atc. 11. Maritai Status 1 ☐ Yas 2 ☐ No If Yas, Giva Yeer or Detes: 1 Never Married 2 Merried 1 ☐ Yes 2 No Specify: BLACK þ 3 ☐ Widowed 4 ☐ Divorced The Medical Completed Decedent's Usuel Occupetion
 (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Spacify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) FOOD SERVICE PRIVATE permit. Peges 1 end 2 should be filed v Department of Heelth and Mental Hygie important: if item 27 is marked other t any injury or other traumatic event, in 2006. 8th GRADE 17. Fathar's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) LOUIS LEGETT ELLABELLE SWINTON 19e. Informent's Neme/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 50 WEST KELLY AVE. HAMPTON, VA. GERALENA SWINTON (SISTER) 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremation 3 ARemoval from State 4 Donation 5 Other (Specify) Hillcrest Mem. Gardens 6/23/96 Marion, S.C. 21. Signature of Fugeral Service Licensee 22. Name end Address of Facility JOHNSON & JENKINS INC. 716 KENNEDY ST. N.W. W.D.C. The the disease, of complications that caused the death. Do not anter the mode of dying, such as cardiac or raspiratory arrest, or heart feiture. List only one ceuse on each line. Approximete Intervel Between Onset and Death Physician Immediete Ceusa (Final diseese or condition resulting in deeth) /Medical ticemia Examiner Dua to (or as a consequence of): Examiner DO ST amoxic physician end s the buriel-trensit lew requires that the death certificate be executed Sequentielly list conditions, if any, laeding to immadiete cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Dua to (or as a consequenca of): multiple Division of Vital Records, P.O. Box 68760, an/Medical Dua to (or as a consequence of) ettending pt for use es t signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Tes 2 To 3 Probably 4 Unknown by should 24e. Wes en eutopsy performed? 24b. Were autopsy findings evailebla prior to Completed completion of cause of deeth? certificate has b lirector, page 2 s 1 ☐ Yas 2 No 1 ☐ Yes 2 ☐ No Attending Physician: 25. Wes case referred to medical Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) Tes 2 No 1 Inpatient 2 R/Outpetient 3 DOA this funeral 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 27. Menner of Deeth 28b. Time of 28c. Injury at Work? 1 Naturel 5 Pending Redootino 1 ☐ Yes 2 No 2 Accident investigetion Dec 4 95 ofter deeti Director: 6 Could not be determined 3 Suicide 28e. Piece of Injury - At home, ferm, street, fectory, office building etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stete) in 24 hou.
The Funeral Dir.
The filled in by 4 Homicide 6 P.G Hospital 29a. Certifler 1 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated. Medical To the Hosp within 24 ho To the Fune completely f (Check only one) 4 dedicat Examiner: On the basis of examination and/or investigetion, in my opinion, deeth occurred at the time, dete and piece, and due to the cause(s) end menner steted. 29c. Licensa number 29d. Data signed (Month, Dey, Year) 29b. Signetura end title of certifle D08546 1996

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State Registrar 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

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O	17. Father's Name (First, Middle, Last,	')			18. Mother's Nam	e (First, Middle				
To Be Completed	Joseph I. Tho	mpson			Beat	rice S	Swann			
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	Jean M. Thompson	- Niece	3506	Easton	Dr. Bowie,	Mary1a	and 2071	6	,	
	20a. Method of Disposition		20b. Place ot Dis	position (Name of rematory or other p	form	Dete	20c. Location	City or Tow	n, State	
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	Jeorge ?	1 Call		PTPO OXO	n Hill Rd.	Oxon F	Hill. Md			
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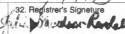
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	21. Signeture of Funeral Service License		22. Name e Rober	end Address of Fecilit t E. Evan	s Funeral H		ria viigi
	23e. Pert1. Enter the disease, or complice shock, or heart feilure. List only on	ations that caused the deeth					Approximete Intervel Betwee
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Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying	Due to (or	es e consequence of):			
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tion: T	27. Menger of Deeth 1 Netural 5 Pending 2 Accident Investigation		28b. Time of Injury	28c. Injury et Work?	28d. Describe	how injury occurred	outy
Certification:	3 Sulcide 6 Could not be 4 Homicide determined	28e. Pleca of Injury - At hor building, etc. (Specify)		ry, offica		(Street end Number or I wn, Stete)	Rural Route Number,
Medical C	29e. Certifier (Check only one) 1 Certifying Physic (Check only one)	clan: To the best of my know er: On the basis of examineti end manner steted.	rledge, deeth occurre on end/or investigetio	d et the time, dete en n, In my opinion, dee	d pleca, end due to the th occurred et the time	ceuse(s) end menner of dete end place, end de	es steted. ue to the ceuse(s)
73	/	ond mainer steter.					

State

31. Dete filed (Month, Dey, Year)

JUN 2 8 1996



Registrar

Funeral Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mantal Hygiene. Important: if Item 27 is marked other than "natural", or frems 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified a sonce.

Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burla-transit

Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

1 .:

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 20798 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of the Month Day Physician 26 1996 Ozella Thomas Stewart June 8:55 4.m. /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Hyattsville Health Care Center Hyattsville Prince Georges If Under 1 Year 5. Sociel Security Number If Under 24 Hrs. 8. Dete of Birth
Hours Min. (Month, Day, Year) 6. Sex 7. Age (In yrs. lest birthday) Birthplece (Stete or Foreign Country) **Funeral** 1□ M 25tF Months Deys Yrs Director April 1939 Washington, D.C 578-52-6081 Usual Residance of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 X Yes 2 No Prince Georges **Hyattsville** 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20783 U.S.A. Funeral 6500 Riggs Road 12. Wes Decedent Ever in U,S. Armed Forces? 11. Marital Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No Specify: Specify: Black þ 3 ₩ Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) 10 Domestic Private Industry 17. Fether's Name (First, Middla, Last) 18. Mothar's Name (First, Middla, Maiden Sumeme) Be Moses Carter Lillian Duval 0 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 3528 South Dakota Ave., N.E., Wash., D.C. 20002 Gregory Stewart 20b. Place of Disposition (Neme of cemetary, cremetory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, Stata 1 Se Buriel 2 ☐ Cremation 3 ☐ Removal from State 7/2/96 Wash., D.C. 4 ☐ Donetion 5 ☐ Other (Specify) Glenwood Cemetery 21. Signature of Funaral Service Lines 22. Neme and Address of Fecility Frazier's Funeral Home, Inc. 389 Rhode Island Ave., N.W., Wash., D.C. 20001 23a. Part1. Enter the decase, or complications that caused the shock, or heart feilure. Let only one ceuse on each line ions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximete Interval Betwean Onset and Deeth Immediete Cause (Finel disease or condition rasulting in daath) AIDS Due to (or es e consequence of) Examiner PANCYTOPENIA Sequentially list conditions, if eny, leeding to Immediate causa. Enter Undarlying Cause (Diseesa or Injury that Initioted events resulting in death) Lest Due to (or as e consequence of): CARDIOPULMONARY FAILURE Physician/Medical Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Epilepsy þ 24b. Were autopsy findings available prior to completion of cause of daeth? Be Completed 24e. Was en eutopsy performed? 2 No 1 ☐ Yes 1 □ Yes 2 □ No 25. Wes casa raferred to medical 26. Placa of Daeth (Check only one) Other: 4⊠ Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Medical Certification: 27. Mennar of Deeth 28e. Deta of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 Neturel 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be 28e. Placa of Injury - At home, ferm, streat, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homlcide 1 Cartifying Phyelclen: To the best of my knowledge, deeth occurred at the time, data and place, end due to the ceusa(s) and menner es stated.

| Medical Examiner: On the basis of exemination and/or Investigation, in my opinion, daeth occurred at the time, data and place, end due to the cause(s) and menner stated. 29a. Certifier 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D28906 June 26, 1996 Mapworm 30. Name end eddress of person who completed causa of death (Item 23a) (Type, Print) Robert D. Skipworth, 585 Main Street, Laurel, MD

20707

To the Hospital Within 24 hours a To the Funeral C

or Attending Physician:

Hospital

permit. Pagas 1 and 2 should be filed within 72 hours efter deeth with the Maryland Department of Haelth and Mantal hygiene.
Important: if Item 27 is merked other than "natural", or Items 23a or 28a-f show any injury or other traumatic event, the Medical Exercises.

Physician /Medical

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Director: Aft

The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

State Registrar

31. Date filed (Month, Day, Year)

32. Registrar's Signeture Windson Karlell

JUN 2 8 1996

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Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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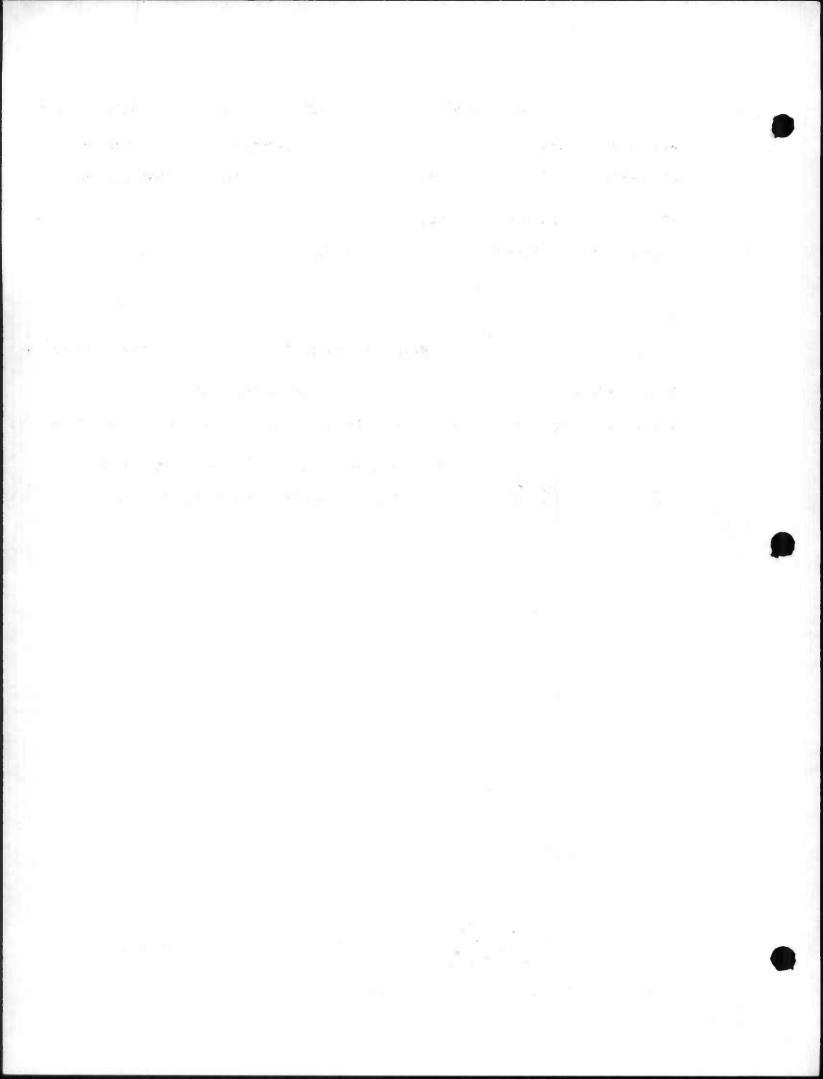
was a state of the state of

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

20800

					Cei	rtitica	ate of	Death		Reg. No.		
Physi		Decedent's Name (First, Middle, and a second s		ADOLF			SANDI	ERS	2. Date of D Month June	Day	Yeer 1996	3. Time of Death
/Med Exam		4e. Fecility Name (If not institution, g		or)				4b. City, Town, or	1	-		
LXdii	in ici	Ch Massala Basi	s _ 1					T 1		0.5	M	1 -
Former	,	St. Mary's Hopi 5. Social Security Number 6		Age (In vrs.	last birthday)	If Und	der 1 Year	Leonard If Under 24 Hr			Mary	
Funera Directo			1√2 M 2□F		_ Yrs.	Month	s Deys	Hours Mir				ace (Stete or Foreign try)
		440-18-5054 Usual Residence of Decedent			76				March	4, 1920	Oklah	oma
and w		10a. State 10b. County		10c. Cit	y, Town or Lo	ocation					10	Od. Inside City Limits
f sh	ō	MD St.	Mary's	н	ollywo	hod						1 ☐ Yes 2 ☐ No
the P	Director	10e. Street and Number	ialy o		011,40		Zip Code			10g. Citizen of	Affron Court	
A P S		Box 1233 Mervi	1 Dean Pd			101.	2063	6		U.S.A.	rvnat Count	ry r
5-UUZU 72 hours after death with the Maryland neturel', or items 23a or 28a-f show	Funeral			_								
er de	nu	11. Marital Status	12. Was Deceder Armed Force 1 ☐ Yes 2	nt Ever in U, \$?	S. 13.	Was De	cedent of pecify Cut	Hispanic Origin? (ban, Mexican, Pue	Specify Yes or Norto Rican, etc.)	0- 14. Rad Ble	a - America ck, White, e	
safte 20	E	1 Never Married 2 Married	1 ☐ Yes 2€ If Yes, Give	No			2 No				White	
Maryland 21215-0020 d 2 should be filed within 72 hours aff th and Mental Hygiena. 27 is marked other than "natural", or traumetic event, the Medical Exer-	dby	3 Widowed 4 Divorced	Year or Detes	S:			X			Opeon,	white	2
72 h 72 h	Completed	15. Decedent's (Specify only highest of	Education		16a. Deced	dent's U	sual Occu	pation	orkina	16b. Kind of B	usiness/Ind	ustry
the state	후	Elementary/Secondary (0-12)	College (1-4o	r 5+)				during most of wo	oning.			
N N N N N N N N N N N N N N N N N N N	Ş	11			AVI	atio	n Me	chanic		Air P	lane (Contractor
D #ff	Be	17. Fether's Neme (First, Middle, La	st)					18. Mother's Na	ame (First, Middle	e, Meiden Sumen	10)	
d de de de de de de de de de de de de de	10	Homer Sanders						Lena Sm	ith Sand	lers		
sho of a	-	19a. Informant's Name/Relationship	(Type, Print)		19b. Mailir	ng Addre	ss (Stree	et and Number or F			Stete, Zip	Code)
N d 2		Martha Annie Ma	v Johnson/	Spous				ervil De				20636
all IMOre, mit. Pages 1 er partment of Hee portant: If Item 2		20e. Method of Disposition	, , , , , , , , , , , , , , , , , , , ,	20b. P	lace of Dispo	sition (A	leme of		Dete	20c. Location		
or of H		₩ Bunal 2 Cremation 3		te C	ametery, crer	me <i>tory</i> o	r other ple					
time the siury		4 Donation 5 Other (Spec		St	. Jose	-			6/28/96	Morgan	za, MI	D
DERIUMOTE, Maryland 21215-UUZU permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Heelth end Mentel Hygiene. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumetic event, the Medical Examines must be not the dis-		21. Signatore of Funeral Service Lic	ensee /		22	2. Name	and Addr	ess of Facility				
40599	SI I	Michaela	Hard	ines)	Mg	atti	ng le	y-Gardin 270, Leon	er Funer	al Home	P.A	650
		23a. Part1. Enter the disease, or co shock, or heart failure. List on	mplications that caus	ed the deat	- Do not ent	er the m	ode of dy	ing, such es cardia	ac or respiratory	arrest,		Approximete
Physician		snock, or near failure. List on	ly one cause on each	inne.					0 4			Interval Between Onset and Death
/Medica	_	immediate Cause (Final	PM	1000	Line	, 4	Hn	erl fo	01/11/	10	1	2004 (10 mg
Examine	r 🗀	disease or condition resulting in death)	a. 19V	Ma	ras a consec	-6	ICC	vu p	anu	C		77 6 00 00
A LAN	ē I		10	Uzie to (o	ras a consec	quence d	f):	V			17	wo week
nsit	듵		b. / 27 X	WII	wn	101						
oertificate be executed ding physician and se as the bunel-transit	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underfying Couse (Disease or Injury Co.										
filicete be ex physician as the buriel	<u>a</u>	Cause. Enter Underlying Cause (Disease or Injury	c									
phys the	edical	that initiated events resulting in death) Last		Due to (or	as a conseq	uenca o	f):					
ox of the control of	Me		d								1	
	an											
. 73	Physician	Pert ii. Other significant conditions	contributing to death	but not res	ulting In the u	nderlyin	cause g	iven In Part I.	23b. Did	tobacco uae co	ntributa to	the cause of death?
d by the	9								10	Yes 2 No	3 Prob	ably 4 Unknown
as that	by								-			
v require been signature									24a. Wa	s an autopsy	24b. We	re autopsy findings illable prior to
w requ	Completed								pen	omed?	con	npletion of cause
The law ate hes b pege 2 s	E									. M.		
i: The cate h					•				1 4	Yes 2 No	1	Yes 2 No
Physicien: The rhis certificate and director, per	Be	25. Was cese referred to medical examiner?	He poitel.						eath (Check only	one)		
- Z w D	2	1 Yes 2 No	Hospital: 1 🖾 Inpa		ER/Outpatien		DOA		1	idence 6 Oth)
ding P h. After t	5	27. Manner of Death 1 Natural 5 Pending	28a. Date of In (Month, E	jury De <i>y Year)</i>	28b. Time of injury	f	28c. Inju	ury at ork?	28d. Describe	how Injury occur	red	
Attending or death.	at	2 Accident investigat				M	10	Yes 2 No				
or Attendation Director:	ertification:	3 Suicide 6 Could not	d 286. Placa of I			eet, fect	ory, office			(Street end Numb wn, Stete)	er or Rurel	Route Number,
d in b	ě	TO HOUSE	ounding,	etc. <i>(Specif</i>)	′)				Ony or re	WII, Ololoj		
To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical	29a. Certifier (Check only Certifying Physician: To the best of my knowledge, death occurred et the time, dete end pleca, Check only Check on							ca, end due to the	cause(s) and me	enner es sta	ated. the cause(s)
the I	8	one)	and manner	States.								
To To	Σ	29b. Signature end title of certifier	1.1111	-		2		se number		29d. Date signe		
		15	MV-	>			D3:	3470		June 2	6, 19	96
7		30. Name and address of person wh	ompieted cause of	death (Item	723a) (Type.	Print)						
							1 -	A 206E6)			
	tota	Bhasker Jhaveri, 31. Date filed (Month, Day, Year)		Leonar strar's Signa		, Ma	гутаг	nd 20650)			
S Regis	tate	JUN 2 8 199	16	androc	Randall.							



HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	72 hours after death wi	TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AL OR ATTENDING PH	DR: After thi	er death wi	IMPORTANT: If item 28 is marked, or item 23 s

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CEI	RTIFIC	ATE OF	DEATH	ı	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Leet)	Sto	MP.A			8-14-6	2. DATE OF	DA		YEAR	3. TIME OF DEATH 2:30 Am
	- v	GE (In yrs. last b		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	вити 1	010	6. BIRTHE	PLACE (State or Foreign Alma,
214 20 4005	1 🗆 M 2 💢 F	76	YRS.	NTHS DAYS	HOURS MIN.	Septe:	mber		Geo	rgia
9e. FACILITY NAME (If not institution, give size Mercy Hospital RESIDENCE OF DECEMENT	et and number)		98	Baltin	or Location of DE	EATH		9c. COU	NTY OF DE	ATH
100. STATE 10b. COUNTY Maryland				own or Local	TION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
Mercy Hospital RESIDENCE OF DECEDENT 10a. STATE Maryland 10b. COUNTY Maryland 10c. STREET AND NUMBER 123 West 29th Street 11. Marital STATUS	et Apartme	ent 5-0	3	101	21218			Ŭni	IZEN OF W	HAT COUNTRY? States
3X Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO		13. WAS DEC	ecity Cuben, Mexica 2 X NO Specif	NIC ORIGIN? (5 nn, Puerto Rice y:	Specify Yes an, etc.)	or No	Specif	- American Indian, Whita, atc. y: hite
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 9 17. FATHER'S NAME (First, Middle, Lest)		(Give	EDENT'S US e kind of work to NOT use re DMEMA		DN st of working	16b. KI	of bus	Home		
17. FATHER'S NAME (First, Middle, Lest) Perry Monroe Willi	Lams	10 P			18. MOTHER'S NA		,	Surname)		
10 INFORMANTIO MANE (Totallin)		19b.	MAILING AD	DRESS (Street :	and Number or Rural	Route Number,	City or Town	n, Stete, Zi	p Code)	
Marcus F. Peaden	(Grandson)) 95	55 Se	ven Oal	s Drive	, Jesu	p, Ge	orgi	la 3	1546
20a. METHOD OF DISPOSITION 1 □ Burlal 2 \(\text{X}\) Cremation 3 □ Remote 4 □ Donation 5 □ Other (Specify)	val from State	cemetery, crem-	atory or other	place) an Crei		6/14 1996	20c. LO		City or To	Virginia
23. PART 1 Enter the diseases, or co	lever 2	Rop	ritol	Rinel P.O.	Box 113	Sons 3, Jes	Funer	ral F Georg	lome gia	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		AS A CONSEOL	JENCE OF):	Vage	Nal Co	XY C1	NON	na		Onset and Death
PART II. Other algoriticent conditions	contributing to dea	th but not re	auiting in	the underlyin	g cause given in	Part I. 2	4s. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
<u> </u>	IBUTE TO CAUSE	OF DEAT	H YES	□ NO Þ	UNCERTAI		☐ YES 2	> ••		COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			Check only one,						
DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1	28a. DATE OF INJU	IRY	28b. TIME C	OF 28c. IN	JURY AT DRK? YES 2 NO	8 (Other ()	-	NJURY O	CCURED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF IN- building, stc.	IURY — At hom (Specify)	no, farm, atre				ION (Street Town, State)		er or Rural F	noute Number,
29e. CERTIFIER 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER	CIAN: To the best of my it:) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	2011	1110	Atte	nary	29c. LICENSE NU	IMBER		29d. DA	TE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	F OF TH (ITEM	27) (Type, Pr	int) MA	RUIN J.		LON	AN	MI)
31. DATE FILED (Month, Day, Year)	32/REGISTRAR'S	SIGNATURE	LA	AOYE) INQ,	212	02			

		1 - FOR STATE REGISTRAR		STATE OF M					HEALTH AND	MENT	AL HYGIEN				
		1. DECEDENT'S NAME (Firs	t, Middle, Last)								E OF DEATH			3. TIME OF OE	ATH
		ITMA LE	TA	TARP	LEY					HON		8/	996	7:50	PM
		4. SOCIAL SECURITY NUM	BER		6. AGE (In yrs. la	st birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH		8. BIRTH	PLACE (State or	Foreign
_		457-16-86	97	1 □ M 2X□ F	94	YRS.	MONTHS	DAYS	HOURS MIN.		rith, Day, Year)	,	Country	EXAS	
shoule		9a. FACILITY NAME (# not i	institution, give str	reet and number)			9b. CITY,	TOWN	OR LOCATION OF		11 1502	_	VTY OF DI		
1, 2, 3 should	CTOR	WILLIMSPO RESIDENCE OF DE	RT NUI	RSING HO	OME		W]	LLL	IAMSPO	RT		WAS	HTN	GTON	
Sec	H.	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	R LOCA	TION					10d. INSIDE CI	TY
020 physician. burial-transit permit. Pages 1,	<u>a</u>	MARYLAND	WASH	INGTON (co.		HAG	ERS	TOWN					YYES 2	□ NO
реси	A	10e. STREET AND NUMBER	3					10	f. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY	7
n. ansit	100	11116	MAPLEV	ILLE RO	AD				21742				IISA	2	
215-0020 attending physician. se as the burial-tran	FUN	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN II S AI	RMED		WAS DEC	CENDENT OF HISPA				14. RACE	RACE — American Indian	
\$ à	BY F	1 Never Married 2		FORCES? 1 [IF YES, GIVE WA	R OR DATES	NO			Decify Cuben, Mexic 3 2 NO Spec		Rican, etc.)		Specif	, White, atc.	
15-0020 ending physic as the burial	0 8	3 X Widowed 4 Div	orced						V	WHITE					
21 affer	ш		CEDENT'S EDUC		16a. O	ECEDENT'S	USUAL OC	CUPATIO	ON ost of working	16b. KIND OF BUSINESS/INDUSTRY					
21 21 or tal or	LET	Elementary/Secondary (-	College (1-4 or 5+)	in	i. Do NOT us	se retired.)								
YLAND 2127 by the hospital or att be detached for use at once.	COMPL	9TH				HOU	SEWI	FE			НО	MEMA	KER		
YLAN by the hor be detach	Ö	17. FATHER'S NAME (First, A	Widdle, Last)						18. MOTHER'S N	AME (First,	, Middle, Maiden	Surname)	7-241/1		
Y de	BE (HORACE	EDWIN	SEALE	S				MARGA	RET	ALL	WAT	LKER		
MARY retained b 5 should in	10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street of									TK TAK	
be rett ge 5 s	F	BYRON D	. STEE	LE		11116	MAP	LEV	TLE ROA	D. H	ACERSI	OWN	MD	21742	
- 2 a		20a. METHOD OF DISPOSIT	TION		20b. PLACE	AND DATE	OF DISPOSI	TION (Na	ame of	D. HAGERSTOWN, MD. 21742 DATE 20c. LOCATION — City or Town, State					
IMORE Page 6 may al director, pa		1X Burial 2 Cremati 4 Donation 6 Othe	r (Specify)	vat from State	ROSE	ematory or o	ther place)	DAMO	RY		CLE	BURNE	. TT	YAC	
BALTIMOR for death. Page 6 m. the funeral director, wal.		21. SIGNATURE OF FUNERA					22. N	IAME AI	ND ADDRESS OF F	ACILITY C	MVDED	LOCAL	TO A LOT	MAD E	
BALT after death. by the funera moval.		PAUL T.	LOCHS	0	M-008	49	18	C	CHIDCH	Cull D	WIDEK-	CDODG	TAME	TUR F.	H. IN
BAI ins after dee in by the fu removal.	\vdash	48 S. CHURCH ST., WAYNESBORO, PA. 17268													
er a		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one cause of acach line.													
		immediate Cause (Final												nd Death	
760 ed within 24 ompletely fille II, cremation, event, the		disease or condition resulting in death)	→ .	GASTE	OINT	STI	NAL		HEMOR	AHS	KE			5 D	AYS
ted within completely ial, cremati				DUE TO (C	OR AS A CONSE	OUENCE O	F):								100
	Z	Sequantially list condit	b.												
8 " O E	CERTIFICATION	if any, leading to imme	dieta	DUE TO (C	OR AS A CONSE	OUENCE OI	F):								
	2	cause. Enter UNDERLY CAUSE (Disease or inju													
	별	that initiated events resulting in death) LAS		DUE TO (C	OR AS A CONSE	OUENCE OF	F):								
O E BE B	1 1 1	rosulting in death) Exc	d.												
S o de de de de de de de de de de de de de	AL C	PART It. Other aignifica	ant conditions	contributing to d	eath but not	raauiting i	in the unc	ierivin	a ceuse aiven ir	Part I	24a. WAS AN	AUTOREY	246	WERE AUTOPSY	EINDINGS
2 - 3 E -											PERFOR	MED?	1 -40.	AVAILABLE PRIO	R TO
RECOF requires that signed of Health a	MEDIC									_	1 TYES 2	NO		OF DEATH?	CAUSE
- RECOR w requires that s been signed by pt. of Health an 3 shows any		DID TODACCO I	ICE COLITE	IDLITT TO CALL	CE OF DE				4					1 YES 2	NO NO
Z3 ept	PHYSICIAN:	DID TOBACCO U		IBUIE IO CAU					UNCERTA	И Ц					
	힐	EXAMINER?		HOSPITAL:			OTHER								
F VIT. SICIAN: The certificate I the State I, or item	1×S	1 TYES 2 NO		1 Inpetient 2 I		-	4 Nursi	ng Hom	ne 5 🗌 Rasidenca	6 🗆 Oth	er (Specify)				
OF PHYSIC this ce with th	표	27. MANNER OF OEATH	Pending	26a. DATE OF IN (Month, Day)		26b. TIM	E OF	28c. INJ WO	JURY AT DRK?	28d. DE	SCRIBE HOW I	NJURY OCC	URED		
ON OING PHYS After this death with	B	2 Accident	Investigation				М		YES 2 NO						
ATTENDING ATTENDING ECTOR: After s after death		26a DI ACE OF IN HIDY At home from stored to the store of								oute Number,					
DIVISION DR ATTENDING DIRECTOR: After hours after death item 28 is mai	I	4 Homicide	datarmined								., 5.510)				
	COMPLETED	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as attend.													
HOSPITAL FUNERAL within 72	M													and manner as	stated.
TO THE HOSPITAL TO THE FUNERAL DE filed within 72		29b. SIGNATURE, AND TITLE							29c. LICENSE NU		2,00.100	lace, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)			
물물물	BE	- TENALL	P MA						D337						
222	0	LYLOW	- 100						100 J J [1	ANE	29.1	170

SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

OVER LOOK

2

TED E.

1.3.

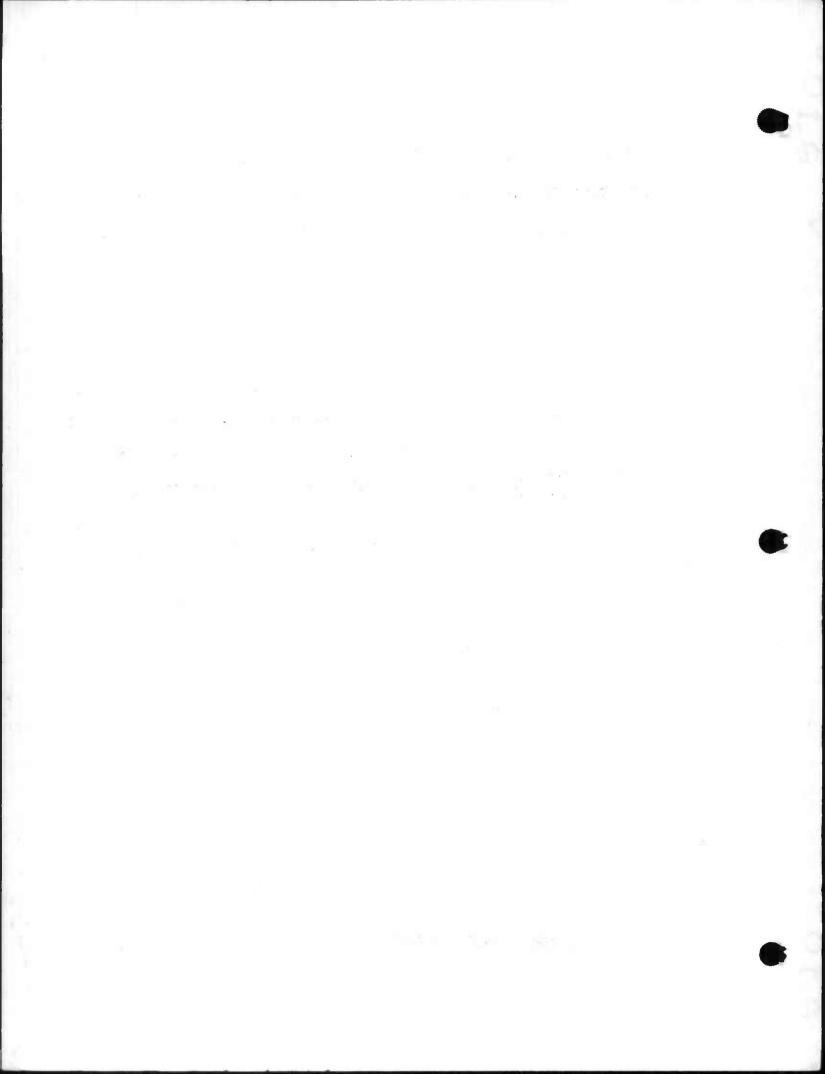
31. DATE FILED (Month, Day, Year)

HOWE

JUL 0 2 199

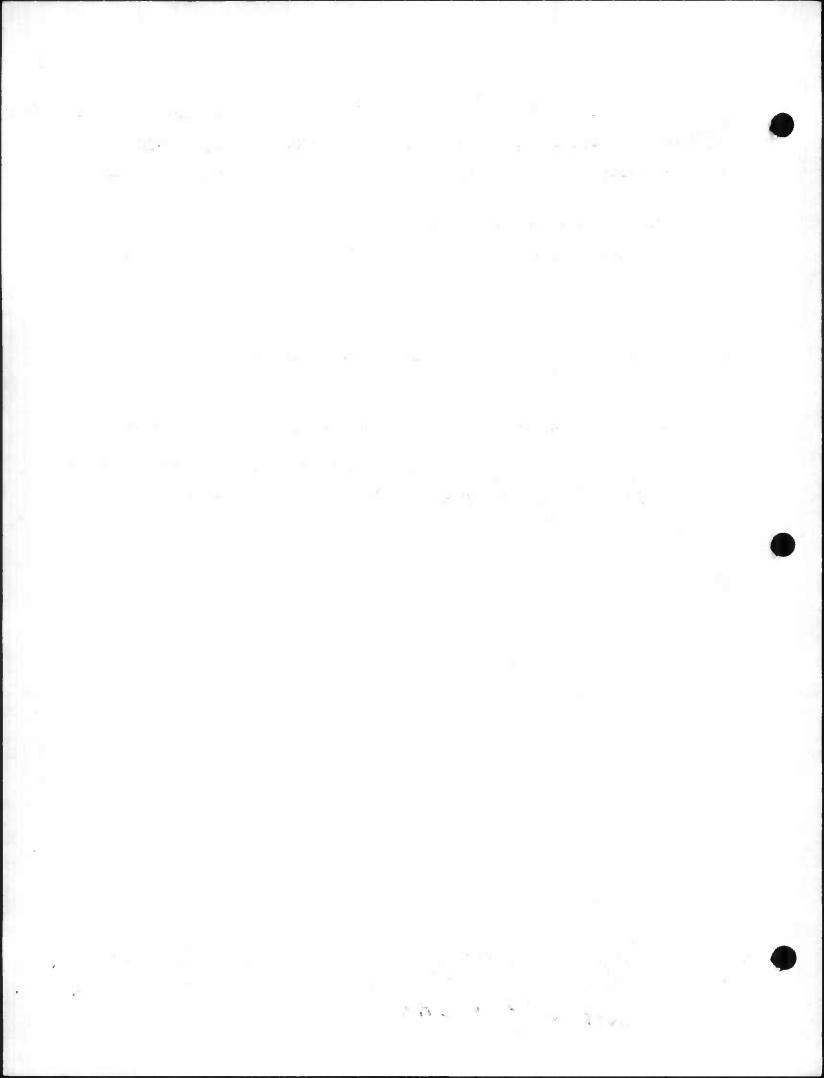
24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED or Rural Route Number, cause(s) and manner as stated. SIGNED (Month, Day, Year) JUNE 29. DHMH-16 Rev 1/89

BOONSBORD



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

			State of Maryland / Department of Health and Mental Hygiene 9 6 2 (Certificate of Death Reg. No.	0803
				3. Tima of Death
	Physic		Barbara A. TODD Tuse 24 1996	6:30 Am
	/Medi Examii		A. F. W. March M. A. C. A. A. A. A. A. A. A. A. A. A. A. A. A.	01.00
	EXMIIII		NORTH ARUNDEL HOSPITAL Glew BURNIE ANNE ARE	INDEL
	Funeral		5. Social Security Number 6. Sax 7. Aga (In rs. last birthday) If Undar 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 9. Birthplac Country) Yes Output The property of the pr	a (Stata or Foraign
	Director		5/8-46-5545 62 The Second Seco	
	pue *		Usual Rasidance of Dacedant 10a. Stata 10b. County 10c. City, Town or Location 10d.	. Inside City Limits
	the Meryler 28s-f show	ō	100.	1X Yas 2 No
	the the post	ect	MD. Prince Georges Upper Marlboro 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country	2
	be filed within 72 hours efter death with the Merylend tal Hygiene. d other than "natural", or frems 23s or 28s-f show svent, the Medical Evanine must be notified at	Funeral Director	15302- Jodphur Drive 20721 U.S.A.	
	ter death Items 2	Jera	11. Marital Status 12. Was Decedant Evar in U,S. 13. Was Decedant of Hispanic Origin? (Specify Yas or No-	
0	or he	Ē	Armed Forces? If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 Navar Marriad Armed Forces? If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Black, Whita, atc.	
02	raf.	l by	If Yas, Giva Yaar or Datas: 1 □ Yas 2 No Specify: Specify: Specify: Black	K
5-0	72 hours eft "natural", or	Be Completed	15. Decedant's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. Do NOT use retired) 16b. Kind of Businass/Indus	itry
12	Man.	Id III	Elemantary/Secondary (0-12) College (1-4or 5+)	
2	tygie ther t	ပိ	12th Telecommunication Specialist N/A 17. Fethar's Neme (First, Middle, Last) 18. Mothar's Name (First, Middle, Maidan Surnama)	
Maryland 21215-0020	d 2 should be filed within the and Mental Hygiene. 7 is merked other than traumatic svent, the Mental Mental than Mental than the Mental than			
\geq	should and Men marke umarke	To	19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Co	ada)
			Marcellus A. Todd/Husband 15302- Jodphur Dr., Upper Marlboro, Md. 201	
9	ges 1 end 1 t of Health If Nem 27 or other tr		20a. Mathod of Disposition 20b. Place of Disposition (Nama of Data 20c. Location - City or Town	
90			1 \(\text{CBurial 2 \(\text{Cramation 3 \(\text{Denotion 5 \)}} \) Other (Specify) \(\text{Specify} \) Harmony Memorial Park \(\text{6/29/96} \) Landover \(\text{Max} \)	
Baltimore,	permit. Peg Department Important: Il any Injury o		4 Donation 5 Other (Specify) Harmony Memorial Park 6/29/96 Landover, Man 21. Signature #Funaral Sarvice Licensee 1 22. Nama and Address of Facility	гутана
ä	Ded on s		Hackett's Funeral Chapel, Inc.	
			23a Perit Enter tha disaasa, or complications that caused tha daath. Do not antar tha moda of dying, such as cardiac or raspiratory arrest, into the contract of the contract	oproximata
	Physician		shock, or haart feilura. List only ona causa on eech Ilna.	pproximata tarval Between nset end Deeth
4	/Medical		Immediate Causa (Final disaasa or condition He Oci Tir. Joulium)	- 2 dans
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	ete be executed hysician and the bunel-transit	Examiner	Sequantially list conditions, Dua to (or as a consequence of):	7-
8760,	cian d	E E	Sequantially list conditions, if any, laading to immediate causa. Entar Undartying Causa, (Disaasa or Injury c.	
87	physi the	dicai	that initiated events Dua to (or as a consequence of): rasulting in death) Last	
9 X	eath certific attending p for use es	/Me	d	
Box	atten for u	cian		
P.O.	t the de by the s	ıysi	Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the	
	es that igned by be dete	y P	Mes valoy fachure / Chronic Olalysus 1 Yes 2 No 3 Probab	oly 4 ☐ Unknown
of Vital Records,	The lew requires that the death certificate has been signed by the attending page 2 should be deteched for use es	Completed by Physician/Me	24a. Was an autopsy 24b. Wara	autopsy findings
8	w requires been si should	lete	Hyperleusen II Chalace arryslynics performed? availal complete of dea	ibla prior to lation of causa ath?
Be	The lew ate has page 2	mo	Gastinia to T. O lolocoli	1
ta		BeC	25 Was case rafarred to medical 26 Place of Death (Check only one)	40
>	Physician: rhis certific	ToE	axamnar/	
		:uc	27. Manner of Death 1 Death 28a. Data of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Injury 28d. Dascribe how Injury occurred 28d. Dascribe how Inju	
Sio	2 =	atic	2 Accidant Invastigation M TU Yas 2 No	
Division		Certification:	3 Suicida 4 Homlcide 6 Could not be datarmined 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28d. Location (Street and Number or Rural Record of Street and Number of Street and Number of Street and Number or Rural Record of Street and Number of Street and	outa Number,
۵	To the Hospital or within 24 hours effect To the Funeral Director completely filled in			
	vithin 24 hours To the Funeral completely filled	edicai	29a. Cartifliar (Check only one) Check	id. a causa(s)
	within 2 To the	Me	one) and mannar stated. 29b. Signature and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Da)	v Veer)
	F ¥ F 8		1 60.0 1) Chaha = 11/2 Na 1 = 02	\mathcal{N}_{L}
-	(-)		30. Namy and addry s of person who complated cause of death (help 200 Type, Print)	716
	9		1/000 Chara Ham Ste 401 C-len Burnes MC. 210	61
	Sta	te	31. Dete filed (Month, Day, Year) Ragistrar's Signature	*
	Penietr	21	HILL OF 1006 The dividentance	



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

20804

_		_				CC	lineate	OI L	Jeani		Re	g. No.						
	Physic /Medi		Decedent's Neme (First, Middle, L Daniel Alan TURN	•						2. Dete Mor Jun	of Death	Dey 1996	Yaar	3. Time of Deeth 2:25 a.m				
	Exami		4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or L 201 E. Franklin St. Apt.5 Hagersto								f Deeth		y of Deeth ashir	ngton				
	Funeral Director			Sex 1.XM 2□F	7. Aga (In yrs. 31	lest birthday) Yrs.	If Undar 1 Y Months D		If Under 24 Hours	Min. (Moi	of Birth oth, Dey, 18,	Year) 1965		plece (Stete or Foreign Intry) Land				
	Aarylend i show	or	10e. Stete 10b. County	242-	10c. City	y, Town or Lo								10d. Insida City Limits				
	he h	5	Maryland Washin	gron		наде	rstown											
	th with t	al Dir	10e. Street end Number 201 E. Franklin	St. Apt	. 5		10f. Zip Co		740		10	g. Citizen of USA		ntry?				
020	7.72 hours eftar deeth with the Maryland "natural", or Herms 23e or 28a-f show edical Examinet must be notified at	by Funeral Director	11. Maritel Status 1 Nevar Married 2 X Married 3 Widowed 4 Divorced	12. Was Dec Armed Fo 1 Yes if Yes, Gi Yaar or E	2 No	J,S. 13. Was Decedent of If Yas, specify Cu 1 ☐ Yas 2 ☑ No 16e. Decedant's Usual Occu (Give kind of work don- life. Do NOT use ratin		nt of Hispanic Origin? (Specify Yas y Cuban, Mexicen, Puarto Rican, at No Specify:		as or No- atc.) 14. Race - A Bleck, W Specify:		ck, White						
15-0	d within 72 ho plane. I than "natur. In Medical	Completed	15. Decedent's E (Specify only highast g	rade completed)				ccupe lona d	etion during most o	of working	16b. Kind (d of Business/Industry					
12	within ane.	Ē	Elementery/Secondery (0-12)	College (1-4or 5+) 0		janit					Good	will	Industries				
and 2	be filed of other	Be	17. Fether's Name (First, Middle, Las Donald R. Turner		U		Janii			Neme (First,								
Baltimore, Maryland 21215-0020	should b nd Mante marked umatic e	2									ary V. Br							
	2 9 9 9		19a. Informant's Neme/Ralationship	(Type, Print)		19b. Meili	ng Addrass (S	treet a	and Number	or Rural Route	Number,	City or Town	, State, Zi	p Code)				
	1 end Health ern 27		Mary E. Turner			201	E. Fran	ıkl	in St.	, Hage	rstov	m, Md	. 217	40				
	Se of		20e. Method of Disposition 1 Burial 2 □ Cremetion 3 4 □ Donetlon 5 □ Other (Spec		20b. Place of Disposition (Neme of cematery, cremetery or other place) Codar Lawn Memorial Park						Deta 20c. Location - City or Town, Stets 7/1/96 Hagerstown, Mary							
₫	it and and and and and and and and and and		21. Signature of Funeral Service Lice		1 -					17 17		idge10	cown,	, nary rand				
Ba	permit. Page Department Important: if any injury or		22. Name and Address of Fecility MINNICH FUNERAL HOME 415 E.Wilson Blvd., Hagerstown, Md. 21740											00				
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	/Medical Examiner							immediete Ceusa (Final disaesa or condition resulting in death)	Fal	1 down s	steps		ing	seizu	ire and			
	bed sit	niner		com	promise	d uppe	r airwa	ıy	and									
,0	e execut len and uriei-tran	i Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury	acu	Due to (or es e consequence of): acute & chronic alcohol abuse									10-12 yrs.				
ox 68760,	n certificate be executed anding physicien and use as the buriel-transit	n/Medicai	thet initieted events rasulting in deeth) Lest	Due to (or es a consequence of):								1						
Вох	death cer	clan/N		d														
P.0.	that the death led by the etter detached for u	Physicia	Part ii. Other significant conditions	eath but not resu	uiting in the u	nderlying caus	a giva	an in Pert I.	231		acco use co		to the cause of death obably 4 - Unknow					
ords	requires been sign should be	Completed by								246	. Wes en	autopsy ad?	6,	Vera eutopsy findings veileble prior to ompletion of ceusa f daath?				
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		00	examiner? XXYes 2□ No	Hospitel: Othe				Othe	28. Piece of Death (Check only one) ther: 4 □ Nursing Home 5 ₺ Residence 6 □ Othar (Specify)									
of	this ral di	: To	27. Menner of Death	28a. Dete		ER/Outpatier 28b. Time of			4 LI NUIS			v injury_occu		17/)				
Division	After fune	cation	1 ☐ Naturei 5 ☐ Pending investigation	6-28	th, Dey Year)	injury	a.M 250.	injury Work	ເ?ີ່ Yes 2∭XNo	appa	rent stai	seizu rway	re a	nd fall				
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	o the Hospital or ithin 24 hours after the Funeral Dir ompletely filled in	edicai	29a. Certifler 1 ☐ Certifying Pi (Check only one) 2 ☑ Medical Exa	miner: On the b	best of my know asis of examinet ner steted.	vledge, deeth ion and/or in	occurred at the vestigation, in	ha tim my op	a, dete end p pinion, daath	piece, end due occurred at the	to the cer	usa(s) end m	annar as	stated.				
	vithin or the comple	M	29b. Signeture and tille of certifier				29c. Li	canse	number	_	29	d. Date signe	ed (Month,	Dey, Year)				

State Registrar 31. Dete filed (Month, Dey, Year)

32. Registrer's Signeture

JUL 0 1 1996

30. Nema end address of person who completed ceusa of daath (Itam 23a) (Type, Print)

Ali Builderled

Edward W. Ditto, III, MD 217 W. Washington St., Hagerstown, Md. 21740

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June 28, 1996

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FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAN		CI	EKIIF	CALE	OF	DEAL	н	А	EG. NO.						
	1. DECEDENT'S NAME (First, Middle								2. DATE OF I		,	YEAR	3. TIME OF DE	ATH		
	4. SOCIAL SECURITY NUMBER	ROBERT		HOMAS					June	23,	, 19	996	9:00	A. N		
	579-86-9853	5. SEX 1 X M 2 F	. AGE (In yrs. les	-	MONTHS 1	DAYS	HOURS	MIN.	7. DATE OF E (Month, Da Sept (y. Year)	60	Country	icola,	_		
	9a. FACILITY NAME (If not institution	n, give atreet and number)			9b. CITY, T	TOWN O	R LOCATION			7		NTY OF DE		LL		
DIMECTOR	MEDRIDGE NURS			SILVER SPRING MONTO						FGOME	RY					
ŭ	10a. STATE 10b.	ON						10d, INSIDE CI	TY							
		rince Georges			Fairn	nont	Heig	ghts	, Mary	1and			LIMITS?	NO		
FUNERAL	10a. STREET AND NUMBER 704 60th Avei		10t. ZIP CODE 20743							States	7					
5	11. MARITAL STATUS	12. WAS DECEDENT	VER IN U.S. AR	MED	13. W	AS DECE	NDENT OF	HISPANIC	C ORIGIN? (S	pecify Yes o				dian.		
	1 Never Married 2 Marrie 3 Widowed 4 Divorced	IF YES, GIVE WAR		10			cify Cuban, 2 XNO		Puarto Ricar	i, etc.)		Specify	CE — American Indian, ck, Whita, atc. cify: ACK			
בני		'S EDUCATION st grade completed)	(Gi	CEDENT'S U	ork done dui	CUPATION	N t of working		16b. KIN	D OF BUSI	NESS/IND		OIC			
COMPLEIED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	(Give kind of work done during most of working life. Do NOT use retired.) Clerk					Law Firm							
5	17. FATHER'S NAME (First, Middle, L	,	•	18. MOTHER'S NAI					E (First, Middle			Щ				
DE.	Robert Thomas			Joann Bla												
2	Robert A. The	,								e Number, City or Town, State, Zip Code) mont Hgts., MD 20743						
П	20a. METHOD OF DISPOSITION	January Drivitate						rall	DATE			D ZU				
	1 Burial 2 X Cremation 3 4 Donation 5 Other (Specific		cemetery, crei	ACE AND DATE OF DISPOSITION (Name of y, crematory or other place) Crematory					6/25					nio		
ı	21. SIGNATURE OF FUNEFAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										virgi	ша				
i	M859 ALEXANDER S. POPE FUNERAL HOMES 5538 Marlboro Pike, Forestville, Md 20747															
	23. PART I. Enter the disease, or complications of caused tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Due TO (OR AS A CONSEQUENCE OF): Sequentially list conditions,															
CENTIFICATION	If arry, leading to immediate course. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):															
TOIGH.		eculting in the underlying couse given in Pr					PERFORMED?				WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO					
	DID TOBACCO USE C						UNCE	RTAIN								
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 1 1 0 1 The standard of the standard of															
	27. MANNER OF DEATH	28a. DATE OF IN	JURY	28b. TIME	OF 28	Sc. INJU	RY AT	T			URY OCC	URED				
	1 Natural 5 Pendin 2 Accident Investig	Year)	INJURY WORK?			K?		28d. DESCRIBE NOW INJURY OCCURED O								
		3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office 28st. LOCATION (Street and Number or Rural Route N										ute Number,				
		PHYSICIAN: To the beat of my														
1	250. SIGNATURE AND TITLE OF SE															
1							29c. LICENS			1	Pod. DATE	SIGNED (Month, Day, Year)		
1	30. HAME AND ADDRESS OF PERS	ONRC HICH 33/REGISTRANS	OF DEATH (ITEM	27) (Type, P	Print)	4 4	100	^-	N) ₄		J 2.	3-10			
-	31. DATE FILED (Month, Day, Year)	32/REGISTRADE	GIGNATURE	, 100	1/2 1	ng	MON.	17.	D Y	R. Fo	4 PR	167				
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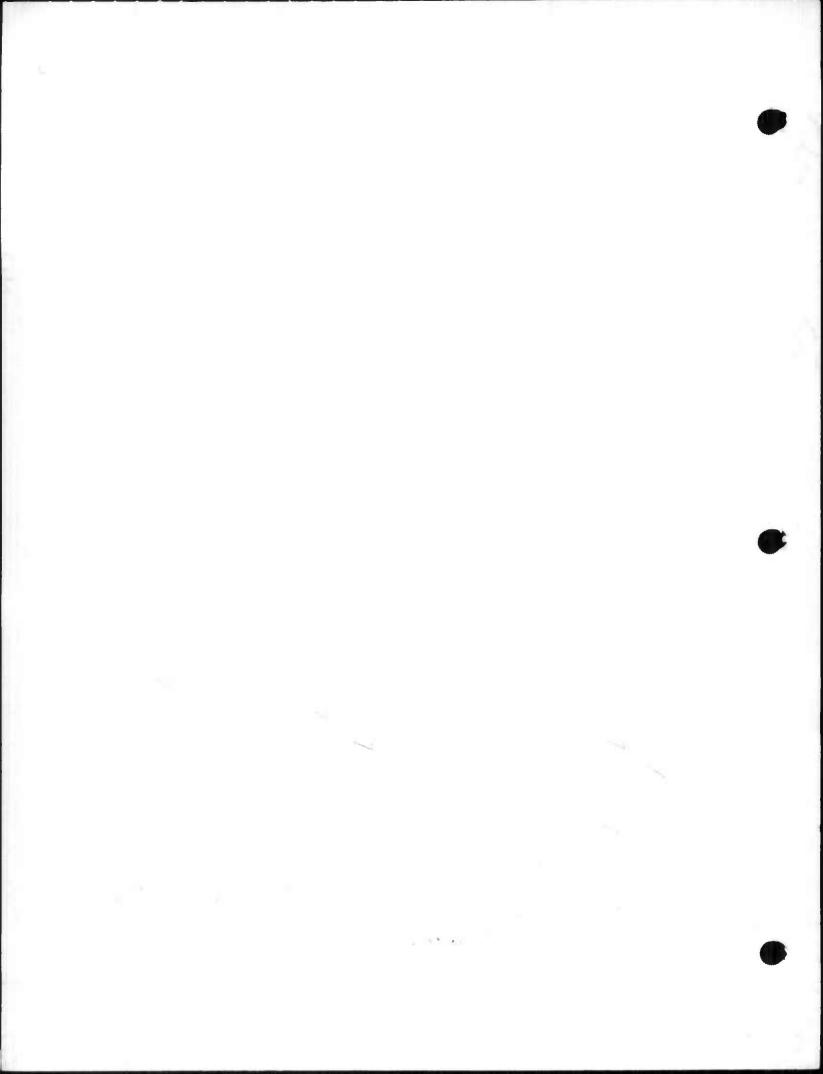
. Pages 1, 2, 3 should

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TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed withing from a fire feath. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q 6

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		1. Decedant's Nama (First, Middla, Las	ot)	301			Death	2. Data of D			3. Tima of Death			
Physic		GEORGE WASHING	TON WILCOXEN	Jr.				June	22, 19	Yaar 996	5:30 a			
/Medi Examii		4a. Facility Nama (If not institution, give		,			4b. City, Town,	or Location of Da		y of Death	3.30			
		Manor Care Nursi	ng Home				Largo		Prin	ce Geo	orge's			
Funeral		Social Security Number 6. Security Number	ax 7. Aga (In yrs.	last birthday)	If Under 1		If Undar 24 H	irs. 8. Data of E			lace (Stata or Foreign try)			
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r 28a-f show	Director	MD Prince G	eorge's Bla	adensbu		N			140-00-		**			
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l, or	by	3 X Widowed 4 Divorced	1 □ Yas 2 ሺ No If Yas, Giva Yaar or Datas:	1	☐ Yes 2	X No	Specify:		Specia	y: Whi	te			
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nd Mental Hygi marked other matic event, ti	Be (17. Fathar's Nama (First, Middla, Last)					18. Mothar's f	Nama (First, Midd	fiddle, Maidan Sumama)					
	2	George Washingto	ngton Wilcoxen, Sr. Cora F						. Dyer					
5 5		19a. Informant's Name/Ralationship (7		19b. Mailing	Addrass	Straat	and Number or	Rural Routa Num	ber, City or Town	, Stata, Zip	Coda)			
tment of Heelth end tent: If item 27 is m lury or other traum		Frances Walker (Bladensh	ourg, Ma	ry1ano	1 20710			
		20a. Mathod of Disposition 1 ☒ Burial 2 ☐ Cramation 3 ☐	Removal from State	lace of Dispos ematary, cram	ition (Nami atory or off	a of ar plac	ce)	Data	20c. Location	- City or To	wn, Stata			
		4 ☐ Donation 5 ☐ Other (Specify		rt Line	oln C	eme	tery (06/26/96	Brentwe	ood, N	Maryland			
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(Heal)		23a. Part T. Enter the disease, or comp shock, or heart failure. List only of	lications that caused the death							T	Approximata Interval Between			
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has been signed by the je 2 should be datached	ysi	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							t I. 23b. Did tobacco usa contribute to the cause of dea					
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	d b							24a Wa	is an autopsy	24b. We	ra autopsy findings			
	Completed							per	formed?	ava	Illabla prior to nplation of cause			
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munications are thousand and are the certificate completely filled in by the funeral director, pag	Be C	25. Was case refarred to medicel axaminer?	Hospital:		26. Place of Death (Check only one)									
r this oral di	5	27. Mannar of Death	1 ☐ Inpatiant 2 ☐	ER/Outpatient 28b. Tima of	-	c. tnjun	4 PONUrsin	g Homa 5 ☐ Ra	sidance 8 □Oti e how injury occu)			
After	tion	Natural 5 Panding Invastigation	(Month, Day Year)	Injury	M	Wor	k?` Yas 2 □ No	200. 0000.00	o non injury cood	.,,,,,				
Director:	fica	3 ☐ Suicida 6 ☐ Could not ba	28a. Place of Injury - At ho	ma, farm, stree				28f. Location	(Street and Num	ber or Rura	Routa Number.			
dint	Certification:	4 ☐ Homicida Gatarmined	building, atc. (Specif)	1)	,, ,			City or T	own, Stata)					
y fille		29a. Cartifiar 1 Certifying Phy	stcian: To the best of my know	wiadga, daath	occurred at	tha tin	na, data and pla	ace, and dua to th	a causa(s) and m	ennar as st	ated.			
be Funeral bletely filled	edicai	(Check only one) 2 Medical Exami	nar: On the basis of examinat and mappar stated.	ion and/or inve	stigation, l	n my o	pinlon, daath o	ocurred at the time	, data and place,	and dua to	tha causa(s)			
To the Funeral I completely filled	Me	29b. Signatura and titla of certifiar	(Hm	^	29c.	Licens	e number		29d. Data signe	ed (Month, I	Day, Year)			
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State Registrar

4000 Mitchellville Road #220, Bowie, Maryland 20716-3101 J.S. Rao, M.D. 31. Data filed (Month, Day, Year)
JUN 26 1996

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State of Maryland / Department of Health and Mental Hygiene

Harold Richard Wilhide Tenning				Decadant's Name (First, Middla, Last)		,		ificate of	Death		Reg. No.	3. Tima of Death
## 1. Facility Institution, pare several connection County Cou				Harold Richard	Wilhide					Month	7 Dey 199	12.15 pm
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Jean L. Wilhide 14109 Maugansville Rd., Maugansville, Md. 21767 Data 200. Location - City or Town, State 200 Margor of Disposition (Margor of Disposition) Data 200. Location - City or Town, State 200 Margor of Disposition (Margor of Disposition) Data 200. Location - City or Town, State 200 Margor of Disposition (Margor of Disposition) Data 200. Location - City or Town, State 200 Margor of Disposition (Margor of Disposition) Data 200 Location - City or Town, State 200 Margor of Disposition Data 200 Margor of Disposition Data 200 Location - City or Town, State 200 Margor of Disposition Data 200 Location - City or Town, State 200 Margor of Disposition Data 200 Location - City or Town, State 200 Margor of Disposition Data 200 Location - City or Town, State 200 Margor of Disposition Data 200 Location - City or Town, State 200 Margor of Disposition Data 200 Location - City or Town, State 200 Margor of Disposition Data 200 Location - City or Town, State 200 Margor of Disposition Data	<u>a</u>		0	Edgar Jacob Wilh	ide				Eva		Lowery	
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State		aith a 27 Is		Jean L. Wilhide	Wife	14	109	Maugans	ville Rd.	. Maugar	sville.	Md. 21767
Physician Physician	Te.	f He Hoth		20a. Mathod of Disposition								
Physician Physician	Ë	Page art: III			amoval from State					7/1/96	Broadford	ing Maryland
Physician Physician	=	artin ortar			10 1	O	22.1	Nama end Addr	ass of Facility	7/1/50	Loadioid	ring, rary rand
Physician Middland Examiner Physician	ä	20 F 20		Seals N 7	mmic	4	Ger	ald N.	Minnich			
Physician Madelical Examiner Compared and Death			-	23a Part1 Enter the disease or compli	nations that sourced t	ho dooth Do	Fun	eral Ho	me	Hagers	town, Md.	
Immediate Cause (Final Familiary Indicated) Due to (or as a consequence of):		MY NO		shock, or haart failura. List only or	a causa on each line	l.	HOL GIILGI	the mode of dy	ing, such es cardiac	or raspiratory ar	rast,	Intarval Batween
Due to (or as a consequence of): Due to (or as a consequence of):)			Immediata Causa /Final	().				7			. 0
Sequentially list conditions, a sequence of light property of the United devents from the Control of the Contro				diseasa or condition		ma	- C	ounc	06			10 months
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Description of the state of the	92	phys the	dic	that initiated evants	Di	ua to (or es e	consequa	nce of):				
Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yes 2 No 1	×	E 0 6	_									
Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yes 2 No 1	8	atten for u	lan									
State	o	the de	ysic	Part II. Other significant conditions con	tributing to death but	not rasulting l	n tha und	arlying ceusa gi	van in Part I.	23b. Did 1	obacco use conti	ibute to the cause of death?
State	<u>a.</u>	that the ed by detac								1 🗆 '	Yes 2□No 3	Probably 4 Unknown
State	ds	sign d be								04- 114		24h Wara autonou findings
State	Ö	requ	ete									available prior to
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State State Continue Conti	=	0 0			ospital: 1 Inpetiant	t 2□ER/Ou	utpatient	3□ DOA Ot	har: 4□ Nursing H	lome 5 Resid	lance 6 Othar	(Specify)
29a. Certifier (Check only one) 29b. Signeture and title of certifier 29b. Signeture and datased occurred at the tima, data and place, and due to the cause(s) and manner as stated. 29c. License number 29d. Data signed (Month, Day, Year) 30. Name and addrass of person who complated ceusa of death (Itam 23a) (Type, Print) State 31. Dete filed (Month, Day, Year) 32. Registrar's Signeture 29d. Data signed (Month, Day, Year) 31. Dete filed (Month, Day, Year) 32. Registrar's Signeture	_	ng Pi	ü		28a. Data of Injury (Month, Day			28c. tnju Wo	ry at rk?	28d. Dascribe I	now injury occurred	1
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30. Name and addrass of person who completed ceusa of death (Itam 23a) (Type, Print), Hind Hamdam, MD, 363 S. Cleveland Ave, Hagerstown State 31. Dete filed (Month, Day, Year) 32. Registrar's Signeture 31. Dete filed (Month, Day, Year)		the Fin 24		one)	and manner state	ed.	WOI IIIVOS	ougation, in my (philon, death occu	neu at tha tima, i	Jata and place, an	d dua to the causa(s)
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DHMH 16 Rev 6/95

Registrar

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BALTIMORE, MARYLAND 21215-0020

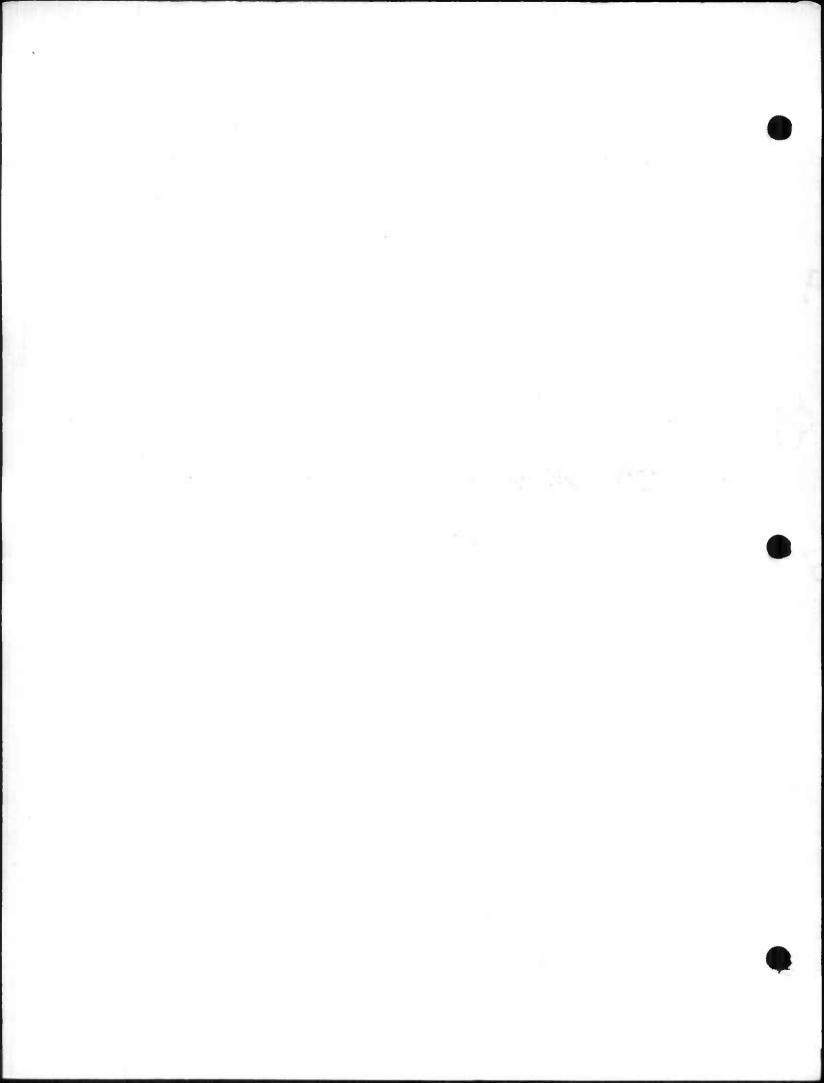
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPARTN Certific			ENTAL HYGIEN REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DO	YEAR	3. TIME OF DEATH
Florence Marie W	olfe				June 18,	1996	5:30 A. M
4. SOCIAL SECURITY NUMBER			UNDER t YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. Bif	THPLACE (State or Foreign untry)
213-74-9283	1 [] M 2 🔀 F	93 YRS.	WINS DATS	HOURS WIN.	January 20,		Ohio
9a. FACILITY NAME (If not institution, give st		98	. CITY, TOWN	OR LOCATION OF DEA	гн	9c. COUNTY O	DEATH
St. Mary's Hospit	al		Leor	nardtown		St.	Mary's
10a, STATE 10b, COUNTY	Y	10c. CITY, T	OWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
Maryland St.	Mary's	Cha	ptico				1 TES 2 NO
10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
P.O. Box 279				20621		United	States
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1 1			ENDENT OF HISPANIC ecity Cuben, Mexican,		or No- 14. R.	ACE — American Indian, lack, White, atc.
3 X Widowed 4 Divorced	IF YES, GIVE WAR O	OR DATES	1 TYES	2 NO Specify:			hite
15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	UAL OCCUPATION	ON .	16b. KIND OF BU		
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Oive kind of work	done during mo				
12	2	Clerk			Social	Security	y Administrat:
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Maiden		
Harley Clifton Mu	rphy			Anna Ma	e Steele		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	and Number or Rural Ro		n, State, Zip Code,	
William F. Wolfe,	Jr.	219 Bryan	ntown La	nding, Queer	stown, Mary	land 2165	58
20a, METHOD OF DISPOSITION 1 ↑ Burlal 2 ↑ Cremation 3 ↑ Rem	oval from State	20b. PLACE AND DATE OF	DISPOSITION /Na	ame of	DATE 20c, LO	CATION - City o	Town, State
4 Donation 5 Other (Specify)		Christ Epis	copal	Cemetery 6	-21-96	haptico	, Maryland
Edward N. Br	· Bus		Brin	ND ADDRESS OF FACI ISTIELD FU	unv Ineral Hom	ne, P.A.	
23. PART I. Enter the diseases, or o							Approximate
shock, or haart fallura.						,	intarval Batween Onset and Daath
IMMEDIATE CAUSE (Final disease or condition	SEPTI	c SHOCK					7 1
reaulting in dasth)	*-	AS A CONSEQUENCE OF):		·			- Janoh
	cou	11713 (C)	126				2 mens
Sequentially list conditions, If any, leading to immediate		AS A CONSEQUENCE OF):					
cause. Entar UNDERLYING CAUSE (Disease or Injury		pitente un	curre	DISEASE			Upro
that initiated events		AS A CONSEQUENCE OF):					
resulting in death) LAST	d. CON	restive He	her fa	nurë			- m
PART II. Other significant condition	ns contributing to das	ath but not resulting in	tha underlyin	g cause given in P	art I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
	_	-	•		PERFO	RMED?	AVAILABLE PRIOR TO
					4 🗆 чес	no fin	COMPLETION OF CAUSE
					1 YES :	E NO	COMPLETION OF CAUSE OF DEATH?
	RIBUTE TO CAUS	E OF DEATH YES	Пиог	UNCERTAIN		2 (1) No	COMPLETION OF CAUSE
DID TOBACCO USE CONT. 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUS	E OF DEATH YES				2 (By No	COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE CONT	RIBUTE TO CAUS	28. PLACE OF DEATH	(Check only one)			≥ (B) No	COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 1 Impatient 2 ER	28. PLACE OF DEATH //Outpatient 3 DOA 4 URY 28b. TIME C	(Check only one) THER: Nursing Hon PF 28c, IN.	ne 5 - Realdenca 6			COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL:	28. PLACE OF DEATH //Outpatient 3 DOA 4 URY 28b. TIME C	(Check only one) ITHER: Nursing Hon OF 28c, IN. Y	ne 5 🗆 Realdence 6	Other (Specify)		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Pinpetlent 2 = ER 28e. DATE OF INJI (Month, Day, YI 26e. PLACE OF IN.	28. PLACE OF DEATH 28. PLACE OF DEATH 28. PLACE OF DEATH 4 URY 28b. TIME C INJURY JURY — At home, ferm, stra	(Check only one) THER: Nursing Hon OF 28c. IN. Y	ne 5 Realdenca 6 JURY AT DRK? YES 2 NO	Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street	INJURY OCCURED	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	HOSPITAL: 1 Pinpetlent 2 ER 28e. DATE OF INJI (Month, Day, Y	28. PLACE OF DEATH 28. PLACE OF DEATH 28. PLACE OF DEATH 4 URY 28b. TIME C INJURY JURY — At home, ferm, stra	(Check only one) THER: Nursing Hon OF 28c. IN. Y	ne 5 Realdenca 6 JURY AT DRK? YES 2 NO	Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Pinpatlant 2 ER 28e. DATE OF INJ. (Month, Day, M 28e. PLACE OF IN. building, etc.	28. PLACE OF DEATH I/Outpstient 3 DOA 4 URY 28b. Time C injur JURY At home, ferm, stre (Specify)	(Check only one) OTHER: Nursing Horn OF 28c. IN. WM 1 mail, tectory, office	ne 5 Realdenca 6 JURY AT DRK? YES 2 NO	Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, State	INJURY OCCURED	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DID TOBACCO USE CONT. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 290. CERTIFIER (Check only	HOSPITAL: 1 Prinpatiant 2 ER 28e. DATE OF INJ. (Month, Day, W 28a. PLACE OF IN. building, etc.	28. PLACE OF DEATH "Outpstient 3 DOA 4 URY 28b. TIME C INJURY JURY At home, ferm, stre (Specify)	Check only one) OTHER: Nursing Hon OF 28c. IN. W M 1 Int. tectory, office at the time, date	ne 5 Realdenca 6 JURY AT JRK? YES 2 NO	Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State	and Number or Ru	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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State of Maryland / Department of Health and Mental Hygiene 96

nd Mental Hygiene 96 20809

						Ce	rtificat	e of	Death			Reg. No.			20003
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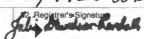
State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month JUDY WRIGHT JUNE eo Pen 1996 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** PRINCE GEORGE'S 7269 Wood Hollow Terrace Fort Wash., MD If Under 1 Year | If Under 24 Hrs. | Months | Deys | Hours | Min. | 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. last birthdey) **Funeral** 1□ M 2 F Yrs Director 579-80-1613 35 07-30-1960 Wash., DC Usual Residence of Decedent deeth with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or Itams 23a or 28a-f ahow treumstic avent, it a Medical Examiner must be notified at 1 No Yes 2 No Director Washington, DC 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 402 Chaplin Street, S.E. 20019 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours effer c Department of Heelth and Mentel Hygiene. Important: if item 27 is marked other than "natural", or item any injury or other treumstic avent, the Medical Examines. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🖾 No Specify: Specify: Black þ 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Unemployed 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Allandus Wright Bulah Smith 19e. Informent's Neme/Raletlonship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Wood Hollow Terrace Washington, ML 20744 7269 Fort Gregory Wright /Brother 20b. Pleca of Disposition (Neme of cemetary, cremetory or other plece) 20e. Mathod of Disposition 20c. Location - City or Town, Stete Dete 1 ☑Buriel 2 ☐ Cremation 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Carter (Specify) Harmony Memorial Park 6/22/96 Landover, Maryland 21. Signature of Funeral Service Lice 22. Name end Address of Fecility Tyrone J. Young Funeral Services 5635 Eacs Street, N.E. Wash reduced the death. Do not enter the mode of dying, such as cardiac or respiratory errest, in cause on each train. Wash., DC 20019 Approximete Intervel Between Onset and Deeth **Physiclan** /Medical Immediate Cause (Final Metaslatic Cerurcal Carcinoma 3.4Rs diseese or condition resulting in death) Examiner Due to (or es e consequence of) Examiner physicien end s the burial-trans Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated evants resulting in death) Lest Dua to (or es e consequenca of) P.O. Box 68760. Physician/Medical Due to (or as e consequenca of) attending p been signed by the a should be deteched Pert tl. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings evellable prior to completion of cause of death? 24e. Wes an eutopsy performed? Completed 1 Yes 2 No certificete 1 ☐ Yes 2 ☐ No Division of Vital for Attending Physician: after deeth. Diractor: After this certifice funeral director. 25. Wes case referred to medical exeminer? 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 1 Inpatient 2 ER/Outpetient 3 DOA 27. Menner of Deeth 1 A Naturel Certification: 28e. Dete of Injury (Month, Dey Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? 5 Panding 1 Yes 2 No investigation 2 Accident 6 Could not be datarmined 28e. Pleca of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stata) 4 Homicida To the Hospital within 24 hours a To the Funeral C completely filled 1 Certifying Physician: To the best of my knowledga, daeth occurred et the tima, data end place, and due to tha causa(s) and mannar as stated.

2 Medical Examinar: On the best of examination end/or investigation, in my opinion, deeth occurred et the time, dete end placa, end due to the cause(s) end menner stated. 29a. Cartifiar Medical 29d. Dete signed (Month, Dey, Year) 29b. Signeture end title of certifier 29c. License number D25925 June 19, 1996 & Bouger MD 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

J, BERGER MD #205, 7720 Wisconsin Ave BeTheoda, Md 20814

State Registrar 31. Dete filed (Month, Dey, Year)

JUN 2 4 1996



Accepted to

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** 1996 Thomas June 15 2:55 Wright /Medical 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner TAKOMA PARK MONTGOMERY WASHINGTON ADVENTIST HOSPITAL if Under 24 Hrs. 8. Dete of Birth (Mooth, Day Year) 3-28-1923 6. Sex 12 M 2□ F If Under 1 Year 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) **Funeral** Months Devs Yrs 73 Director 231-12-6755 VIRGINIA Usuel Residence of Decadent permit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Meryland Department of Health and Mental Hyglene. Important: if them 27 is marked other than "naturel", or items 23a or 28s-4 show any injury or other traumatic event, in Medical Experiments. 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 XYes 2 No MARYLAND PRINCE GEORGES Director HYATTSVILLE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? Funeral 1606 DAYTON RD. 20783 UNITED STATE AMERICA 11. Maritel Stetus 12. Wes Decadent Ever in U,S. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Armed Forces?

1 Yes 2 XNo
If Yes, Give
Year or Detes: Bleck, White, etc. 1 Nevar Merried 2 Merried 1 ☐ Yes 2 ☐ No þ Specify: 3 ☐ Widowed 4 🎇 Divorced BLACK Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 4 YRS PRIVATE ACCOUNTANT 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be MARY THORNTON 2 GEORGE WRIGHT 19e. Informent's Neme/Ralationship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) MD:910 8750 GEORGIA AVE. APT. 1431A SILVER SPRING, ADELL C. BELL (SISTER) 20b. Pieca of Disposition (Neme of cemetery, cremetory or other pieca) 20e. Method of Disposition 20c. Location - City or Town, State 1 Buriel 2 ☐ Cremation 3 ☐ Removel from Steta 4 ☐ Donetion 5 ☐ Other (Specify) 22 JUNE 96 WASHINGTON, D.C. GLENWOOD CEMETERY 21. Signeture of Funeral Service Licenses 22. Neme end Address of Fecility JOHNSON & JENKINS INC. 716 KENNEDY ST. N.W. W.D.C. 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feilura. List only one ceuse on aach lina. Approximete Intervel Between Onset and Deeth **Physician** Immediete Ceusa (Final disease or condition resulting In death) /Medical Carcinoma la Examiner Due to (or es e consequença of): Physician/Medical Examiner The lew requires that the death certificate be executed the buriel-transit Sequentielly list conditions, if eny, leeding to Immediete cause. Enter Underlying Cause (Disease or Injury that Initieted events Due to (or es e consequenca of): Box 68760, Due to (or es e consequenca of) resulting in deeth) Lest 98 USB P.0. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Wara eutopsy findings evelleble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed well, h Sein certificate 1 Yes 2 D NO 1 ☐ Yes 2 ☐ No Division of Vital 25. Wes case referred to medical examiner?
1 \(\text{Yes} \) 2 \(\text{No} \) No or Attanding Physician: funeral director. Be 26. Piece of Deeth (Check only one) Hospital: 1 Impatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To this 28a. Data of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After 5 Pending investigetion 1 Neturel 2 Accident s efter deeth. 1 ☐ Yes 2 ☐ No the 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 6 ☐ Could not be 3 Suicide 28a. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) filled in by 4 Homicide Hospital 24 hours To the bast of my knowledga, death occurred at the time, date end place, and due to the cause(s) end manner es steted.

| Certifying Physician: To the bast of my knowledga, death occurred at the time, date end place, and due to the cause(s) and menner steted.

| Medical Examiner: On the bast of my knowledga, death occurred at the time, date end place, and due to the cause(s) and menner steted. 29e. Certifie Medical completely (Check only one) within 2 29b. Signeture end title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Nama and addrass of person who complated cause of death (Item 23e) (Type, Print) APUIND 31. Date filed (Month, Day, Year) State

DHMH 16 Rev 6/95

Registrar

JUN 24 1996

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State of Maryland / Department of Health and Mental Hygiene Q6 20012

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	S S S	٥	5710 83rd Plac	e				20784	,			S.A.		.,	
	death Cmm 2	Funeral	11. Marital Status	12. Was Decedent).	13. Wa			(Specify Yes or I		14. Rac	e - America		
Maryland 21215-0020	72 hours after death with the Marylar natural, or items 23e or 28e-f show dical Eversher must be notified at	þ	1 ☐ Naver Married 2 ☑ Marrie 3 ☐ Widowed 4 ☐ Divorced	Armed Forcas? ed 1 ☐ Yes 2 ☑ if Yas, Give Year or Datas:				as, specify Cui		ierto Rican, etc.)			k, White, o		
20	72 hours 'netural', dical Exp	Completed	15. Decedant (Specify only highes	s Education		16a. [Dacedan Giva kin	t's Usual Occu	ipation	working	16b.		usinass/ind		
121	within ene. than the Mex	mpļ	Elemantary/Secondary (0-12)	College (1-4or					during most of ed)	Norking					
2	Hyger that the		AT Falls de Marie (Fine Address	1]]	Bud	get	Analys			1		Gove	rnme	nt
and	2 0 E E	Be	17. Fathar's Nama (First, Middla, L Elmer Willis W	•					Bernic	Nama (First, Midd e Stev		n Suman	10)		
Z	should od Men marke imatic	To	19a. Informant's Name/Ralationsh			10h	Mailing	Address /Ctra	1	Rural Routa Num		. a.s. Taura	Ctata Zia	Codel	
Ma	の日本芸		Eva Mae White				_			Carrol1	-				8/1
	s 1 and al Health Item 27 other tr		20a. Mathod ol Disposition	WIIC	20b. Pla	ace of I	Dispositi	on (Name of		Date	1		City or To		04
Baltimore,	Page ment o		1 ☑ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Sp	ecify)			inco		etery 6	/24/1996	Bre	ntwoo	od, Ma	ary1a	and
Bal	Depart Depart Import any Inj ang Inj		21. Signature of Funaral Sarvice L	icensee			Fra		asch's S	ons Fune					81
i.	H 11		23a. Part1. Entar the disaasa, or a shock, or haart fallura. List of	complications that cause	d tha daath.	Do no	ot enter t	the mode of dy	ing, such as care	diac or raspiratory	arrest,	· · · · · · · · · · · · · · · · · · ·	1	Approxim Intarval E	
	Physician /Medical Examiner	iner	fmmediata Causa (Final diseasa or condition rasulting in daath)	28	15/15/ ua to (or	as a co	consequa	Tear!	Face	Disea		•		Onset an	id Destii
Box 68760,	n certificate be executed anding physician and use es the buriel-transit	In/Medical Examiner	Sequentially list conditions, if any, laading to immadiate cause. Entar Underlying Cause (Disaasa or Injury that initiated avants resulting in daath) Last	c	Dua to (or										
	aw requires that the deeth ce as been signed by the ettendir 2 should be detached for use	Physician/N	Part fl. Other significant condition	s contributing to death b	uf nof result	tina In	tha unda	rtving causa o	iven in Part f.	23b. Di	d tobac	co use co	ntribute to	the caus	e of death?
P. 0.	by the	hys	Admi 8	* *	0/1	-		60			Yes				Unknown
	es that igned b	by	100000	Nonic -	bsle	ecZ.	-	Jan M	of dise	4					
Vital Records,	The law requires ate has been sign page 2 should be	Completed	Kena Kaile	•				(as an aut		ava	allable pric	
ec	has by	nple										/		mplation of death?	or causa
<u> </u>	The page	Co								10	Yas	2 No	1 🗆	Yas 2	□ No
VIII.	delan: The certificate rector, pag	Be	25. Was cesa rafarred to medical axaminar?	Hospital:				10	than	Death (Check only					
ō	Physician: this certific ral director,	To	1 ☐ Yas 2 ☑ No 27. Manner of Death	1 2 Inpatie		R/Outp 28b. Ti		3LI DOA	4 🖾 Nursin	g Homa 5 ☐ Ra 28d. Dascrib				9	
on	ding th. After fune	tlon	1 ☑Natural 5 ☐ Panding 2 ☐ Accidant invastig	(Month, Da	y Year)	Inj	ury	28c. fnji W	ork?]Yas 2 □ No	200. Dasono	0 11011 111	july occur			
Division	To the Hospital or Attending Physicien: The I within 24 hours after death. To the Funeral Director: After this certificate his completaly filled in by the funeral director, page	Certification:	3 Suicide 6 Could n. datarmir	ot be			n, straat			28f. Location City or 7	(Street own, Ste	an <i>d Numb</i> ita)	er or Rura	l Route N	umber,
	To the Hospital within 24 hours of To the Funeral I completely filled	edical C	29a. Cartifiar 1 Certifying	Physician: To the lest xaminer: On the besis of	of my know	ladga,	daath oo	courred at tha	ima, data and pl	ace, and dua to the	a cause	(s) and ma	nnar as st	ated.	0(0)
	the H the F the F		one)	and manner str	aled.	JII dillo	O IIIVas			COUTING AL LITA LITT					
	S T ¥ C PO	Σ	29b. Signature addeltile of certifier	la.	_	1		29c. Licar	ise number				d (Month, I		
	(7)		, v-vacir	154	4	1		D 0	4841	erbn T	8	Vur	u.d	0, 9	4
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	80		31. Date filed (Month, Day, Year)	-Zin (). D. 32. Registr	752	55	65	eenwa	y Cent	er bur T-	3	Gre	en b	e1+1	1d. 2017
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State of Maryland / Department of Health and Mental Hygiene 96 208 | 3

							Cer	tificate o	Deat	n	R	eg. No.		
ا مه انسي	Physic /Medi		1. Decedent's Neme (First, Middle, I DAISY IRE		I TE						2. Date of Dee Month JUNE	th Dey 29	Yeer 1996	3. Time of Death
}	Exami		4e. Fecility Neme (If not Institution, g Washington Coun								ocation of Deeth	4c. County Was	of Deeth	ton
	Funeral Director		5. Sociel Security Number 6. 214-09-0237	Sex 1□M 2∏F	_	e (In yrs. last bii	thday) Yrs.	If Under 1 Yes Months Dey		er 24 Hrs. Min.	8. Dete of Birth (Month, Day) Aug • 30	Year) 1919	Cour	olece (State or Foreign otry) 7 Land
	Menylend -f show	tor	Usuel Residence of Decedent 10a. Stete 10b. County Maryland Washi	ngton		10c. City, Tow	n or Lo		rstow	n			1	0d. inside City Limits 1∑ Yes 2 □ No
	3a or 28a	Funeral Director	10e. Street end Number 1146 Rose Hill A	venue				10f. Zlp Code 21.7			1	0g. Citizen of	Whet Cour	ntry?
020	s 1 and 2 should be filed within 72 hours effer death with the Meryland I fleelth and Mertel Hygiene. I fleelth samerked other than "natural", or items 23a or 28a-f show then 27 is merked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Evantinet must be notified at	by	11. Maritei Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorcad	12. Wes Dec Armed F 1 Yes If Yes, G Yeer or D	orces? 2⊠N ive			Ves Decedent of Yes, specify Cu			pecify Yes or No- o Rican, etc.)	Ble	ca - Americok, White,	etc.
21215-0020	filed within 72 ho Hygiene. ther than "netur int, the Medical	Completed	15. Decedent's (Specify only highest g Elementary/Secondery (0-12) 12	Education rade completed) College (Deced (Give life. L	lent's Usuei Occ kind of work don DO NOT use reti beaut	e during m red)		king		r ho	•
Maryland	2 should be filed within nend Mentel Hygiene. Is marked other than "reumstic event, the Me	To Be C	17. Fether's Neme (First, Middle, La. Jerome Powell	st)							ne (First, Middle, I Mae Sho		ne)	
4	Heelth end 2 sho Heelth end em 27 is mi		19a. Informent's Name/Relationship Paul White	(Type, Print)		1	146	Rose Hi			Hagersto	wn, Mar	ylan	d 21740
Baltimore,	permit. Pages 1 er Department of Hee Important: If Item; any Injury or other once.		20e. Method of Disposition 1 ■ Burial 2 □ Cremetion 3 4 □ Donetion 5 □ Other (Special Content of the Conte	cify)	State	cemete	ry, cren Hill	sition (Name of natory or other p	ry	-	3-96	Hagers		,Maryland
Ba	Depar Impor		21. Signature of Funeral Service Lio 23a. Pert1. Enter the disease, or co	fm.	Un	Mel	M1 41		UNERA son E	L HO	,Hagerst		1. 21	740
ox 68760,	Physician provided by the prov	n/Medical Examiner	shock, or heert feilure. List on Immediate Ceuse (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or injury that initiated events resulting in deeth) Last		Per Fer		conseq	uence of):	Com	is,	Abdom	inal le	21/	Intervel Between Onset end Deeth 3 days 3 days
P.O. B	of the death of the by the etternateched for u	Physician	Pert ii. Other significant conditione	contributing to d	leath bu	ut not resulting l	n the ur	derlying ceuse	given in Pe	t I.	23b. Dld to	1		the cause of death?
Vital Records,	lew requires that the death es been signed by the etter r 2 should be deteched for i	Completed by	Dys mo Ti	le E	Jop.	shage	15				24a. Wes e	n eutopsy med?	ev	ere autopsy findings ellable prior to mpletion of cause deeth?
<u> </u>	The ate h page	e Com	25. Wes case referred to medical		/						1 🗆 Y			Yes 2□ No
>		OB	exeminer?	Hospitai:	Inpatia	nt 2□ER/Ot		- all post	thar		th (Check only on		- (0)	
sion of	Attending Physic death. actor: After this by the funerel d	-	27. Manner of Deeth 1 Matural 5 Panding 2 Accident investigati	28e. Dete (Mon		y 28b.	Time of njury	28c. In			ome 5 Reside			y)
<u> </u>	oftal or Atteurs after de prel Directo	Certification:	3 Suicide 6 Could not detarmina	d 286. Place build				eet, factory, offic	<u>.</u>		28f. Location (Si City or Town	n, State)		
	To the Hospital or A within 24 hours after To the Funeral Directional Direction of the Commister of Illed in the Commister of Illed in the Commister of Illed in the Commister of Illed in the Commister of Illed in the Commister of Illed in the Commister of Illed in the Commister of Illed in the Commister of Illed in the Commister of Illed in the Commister of Illed in the Commister of Illed in the Commission of Illed Illed in the Commission of Illed Ille	Medical	29a. Cartifier (Check only 2 Medical Example) 29b. Signature and the obsertiller	thysician: To the miner: On the b end men	asis of	axamination en	ı, daath d/or inv	estigetion, In my	tima, date opinion, d	eeth occur	, and dua to tha corred at tha tima, d	ausa(s) and mate at a end place,	and due to	the cause(s)
1	T with		Efall of	lvu	7	MS	0	DI	11-	23		11		1996 D-21140
-	Sta Registr	100	31. Date filed (Month Joay, Year)	pence 1996	The state of	r's Signature	Pos.	Centy.	Ave	16	gelsi	Jowa	M	D-21741

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the influed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF	MARYLAND / DEPARTMENT	OF HEALTH	AND I	MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	H		REG. NO.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPA CERTII	RTMENT	OF HE	ALTH AND		YGIENI EG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF I	DEATH			3. TIME OF DEATH
	Minnie Mat		76	AR	911		June	ľ	7 1	998	21:17 M
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday	IF UNDER		F UNDER 24 HRS.	7. DATE OF B (Month, Day	SIRTH y, Your)		8. BIRTH Countr	IPLACE (State or Foreign
	578-12-6613 9s. FACILITY NAME (If not institution, give s	1 M 2 F	81 YAS.			200	Feb.	17 19			ginia
Œ	Washington Advent		. 1		oma I	LOCATION OF D	EATH		9c. COUN		
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT		1.1	lak	Ollia I	alk			Mont	gome	ry
IR	10e. STATE 10b. COUNTY			TY, TOWN OF		N					10d. INSIDE CITY LIMITS?
LD	Maryland Prince	ce Georges	Ta	koma .		-					1 📉 YES 2 🗌 NO
HA	1519 Delmont Lane					19 CODE 1912					States
UNE	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. W			NIC ORIGIN? (Sp	nacify Yes			- American Indian,
BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YE	S ¾∏NO DATES	lf lf	yes, speci	ly Cuben, Mexic	en, Puerto Rican	, atc.)	0.110	Black	, White, etc.
		1									White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16e. DECEDENT' (Give kind of life. Do NOT	work done de	CUPATION luring most of	of working	16b, KIN	D OF BUS	INESS/INDI	USTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Engra				II.S.	. Gov	, t _t .		
OM	17. FATHER'S NAME (First, Middle, Last)				1	8. MOTHER'S NA	AME (First, Middle				
BE C	Otto Montgomery					Lillie	Gaylor				
10	19e. INFORMANT'S NAME (Type/Print)						Route Number, C				
	Deborah Yeargin						5 Adelp	phi,	Mary	1and	20783
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	oval from State 2	ob. PLACE AND DATE emetary, cramatory or t. Linco	OF DISPOSIT other place)	TION (Name	ol	DATE		ATION C		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE ATC	DENSEE	t. Linco	In Cei	meter	y 6-2	2796				laryland
	7. 4	11 (1					urg Rd.				
	23. PART I. Enter the diseases, or capacity of heart failure	Stant	- d th - d - th - D -				_				
	shock, of figure failule.	List only one cause on	aach lina.	not entar t	the moda	of dying, aud	h aa cardiec	or respir	atory arre	eat,	Approximata interval Between
	iMMEDIATE CAUSE (Final disease or condition	OFPF.	BRAL L	Lacer	11.4	0 41	1000	<i>1-</i>			Onset and Daeth
	resulting in daeth)	DUE TO (OR AS	A CONSEQUENCE	OF):		7,00	.,06		_		1 Lite
Z	Sequentially list conditions,	b									
ATIO	if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE	OF):							
FIC	CAUSE (Disesse or Injury that initieted events	DUE TO (OR AS	A CONSEQUENCE ()F)·							
CERTIFICATION	resulting in death) LAST	4		γ.							
	PART il Other significent condition									_	
CAL	PART II. Other significant condition PARKINS OA	15)) (F)	Dut not resulting	in tha und	dariying c	ause given in	Pert 1. 24a.	PERFORI			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDI	7/12/1301	0/32-	100				1	YES 2	NO		OF DEATH?
Σ.							_				1 TYES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL				26. PLAC	E OF DEATH (Ch	eck only one)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ripetient 3 🗆 DOA	OTHER:	:		6 Other (Spe	ecify)			
PH	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)			28c. INJURY	/ AT	28d. DESCRIB		JURY OCC	URED	
BY	2 Accident Investigation			M	1 YES	2 NO					
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, term, secify)	street, factor	ry, office		281. LOCATION City or Tow	Vn, State)	nd Number o	or Rural Re	oute Number,
COMPLETED	29e. CERTIFIER										
MP	(Check only	CIAN: To the best of my kno	wiedge, death occur	red at the tim	ne, date en	f place, end due	to the cause(e)	end menr	ver ee state	d.	
	29L SIGNATURE AND TITL OF CENTIFIER	R: On the beele of examinat	ion end/or investigati	on, in my opi				place, end	due to the	ceuse(s)	end manner ee stated.
B	Men Vin	non (29	A LICENSE NUI	MBER 2 Y 5		29d. DATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF I	DEATH (ITEM 27) (No	e, Print)						0/1	4/76.
	HAN DIAMO.		1106	SPA	2ints	UT.	SILL	ER	SPI	ein	s mo
	31. DATE FILED (Month, Day, Year) JUN 2 5 1996	II MEGISTRAR'S SIG	NATURE								
	JUN 2 0 1950	0									

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State of Maryland / Department of Health and Mental Hygiene 9 6

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				,	Cert	ificate of	Death		Reg. No.	10 21	1013
9	Physic /Medi	cal	1. Decedent's Neme (First, Middle, Last) 4a. Fecility Name (If not institution, give st	Lead number)		40	ULN Q 4b. City, Town, or L	2. Dete of De Month	eth Day	Year 96	me of Death
£	Exami	ner	Washington Adventi				Takoma Pa			gomery	
	Funeral Director		5. Social Security Number 6. Sex 1	7. Age (In yrs. les	st birthdey) Yrs.	If Under 1 Year Months Deys	If Under 24 Hrs. Hours Min.	8. Date of Bir (Month, De April	th y, Year)	9. Birthplece (S Country) Washingt	tate or Foreign
	and w		Usual Residence of Decedent 10e. Stete 10b. County	10c. City.	Town or Loca	ation				10d Inc	ide City Limits
	Maryli H sho	tor	MD Prince Ge		ttsvil					2.00	XYes 2□No
	th with the 23a or 28a	Funeral Director	10e. Street and Number 3320 Toledo Place	#M-6		10f. Zip Code 2078	2		10g. Citizen of V	What Country?	
020	irs efter dee	by Fune	11. Marital Status 12 1 Tx Never Married 2 Marrled 3 Widowed 4 Divorced	2. Was Decedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yes, Give Year or Deles;		as Decedent of P Yes, specify Cub	dispanic Origin? (Sp an, Mexican, Puerto Specify:	pecify Yes or No Rican, etc.)	- 14. Rec Bied Specify	e - American Indick, White, etc.	an,
21215-0020	igns 1 and 2 should be filed within 72 hours efter deeth with the Maryland it of Health and Mental Hygiene. If item 27 is marked other than "netural", or items 23a or 28s-f show or other traumatic event, the Medical Examiner must be incitited at	Completed	15. Decedent's Educa (Specify only highest grade Elementery/Secondery (0-12)	ation completed) College (1-4or 5+)	(Give ki life. Do		during most of work d)	king		usiness/Industry	
7	filed with Hygiene. orther than	ပိ	17. Fether's Neme (First, Middle, Last)	4yrs	Athl	etic Tra	18. Mother's Nam	e (First Middle	U.D.C.		
Maryland	ld be ental ked o	To Be	Eugene Young				Gladys I		morgan ourner	10)	
ary	2 shou end M is mar	-	19e. Informent's Neme/Relationship (Type	e, Print)	19b. Mailing	Address (Street	end Number or Rui		er, City or Town,	Stete, Zip Code)	
	1 end 2 Health e em 27 la		Gladys Pepper/moth				P1. #M-6 H	Hyattsv	ille, MD	20782	
Baltimore,	Peges 1 nent of H ant: If iten ury or oth		20a. Method of Disposition 1to Buriel 2 ☐ Cremation 3 ☐ Rei 4 ☐ Donetion 5 ☐ Other (Specify)	movel from State	netery, creme	tion (Neme of etory or other ple pel AME	Church	Dete 6-15-96		Cify or Town, Sta	Ме
Balt	permit. Peg Department Important: I any Injury o		21. Signature of Funeral Servica Licansee		22. Ma	Name end Addre	ess of Fecility Funeral Street, N.	Home,			20011
	Physician /Medical Examiner	er	23a. Port. Enter the disease, or complice shock or heart feilure. List only one Immediate Cause (Finel disease or condition resulting in deeth)	a couse on each line.	es e conseque	p Co	deal			interv	oximate el Between t end Death
- 09289	tificete be executed ig physician end es the buriel-transit	edicai Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initieled events resulting in deeth) Last		es a conseque						
Вох		Physician/Me	d.								
s, P.O.	requires thet the deeth cer been signed by the ettendin hould be deteched for use	by Physi	Pert II. Other eignificant conditions control	Bevo T	ing in the und	deriying cause gi	ven in Pert I.		Yas 2 No	ntribute to the ce	
Records	hes b	Completed t						perio	en autopsy ormed?	of deeth?	prior to on of cause
ā			25. Wes case referred to medical				Of Diseased David	10		1 ☐ Yes	2□ No
5	ysicia s cert direct	o Be	exeminer?	spitel: 1 Inpatient 2 XE	R/Outpetlent	3□ DOA Oth	26. Plece of Deel		one) denca 6 □Oth	er (Specify)	
Division of Vital	Hospital or Attending Physician: 24 hours effet death. Funeral Director: After this certificately filled in by the funeral director, ately filled in by the funeral director.	ation: T	27. Menner of Deeth Neturel 5 Pending 2 Accident investigation		8b. Time of Injury	28c. Inju	ry et		how injury occur		
Divis	s efter de	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury - At hom building, etc. (Specify)	e, farm, stree	et, fectory, office		28f. Location (City or To		per or Rurel Route	Number,
)	To the Hospital or Attending Physician: within 24 hours effet deeth. To the Funeral Director: Affer this certific completely filled in by the funeral director.	edicai	29a. Certifier (Check only one) 1 Certifying Physic 2 Medical Examine	cfan: To the best of my knowled or: On the basis of exemination and menner stated.	edge, deeth on end/or inve	occurred et the til stigetion, In my o	me, dete end pieca, opinion, death occur	end due to the red et the time,	ceuse(s) end me date end plece, o	enner es steted. end due to the ca	use(s)
	To the Comple	Σ	29b. Signature and title of cartifier			29c. Licens	se number		29d. Date signed	d (Month, Day, Yo	ear)
	(5)		1 20%	aulan	m	20 >	0085	46	Lan	0 8-	76
	0		30. Neme and eddress of person who com	npleted cause of deethy(Item 2			18 W	or Scor	Pot 1	ahour when	- we
	Sta	te	31. Dete filed (Month, Dey, Yeer)	32. Registrer's Signatur		0 2			> ~	ACC	

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1 - FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

YEAR

3. TIME OF OEATH

2. DATE OF OEATH

BALTIMORE, MARYLAND 21215-0020 and death. Base 6 may be mained by the baseign or attending obvision.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

June 18. 1996 11.11 P.M Young Rose 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS 1 M 2 TF YRS. 94 Feb. 217-44-4377 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Mary's Hospital St. Mary's Leonardtown 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY 1 YES 2 NO Maryland St. Marv's Mechanicsville FUNERAL 10a STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 4525 Independence Street 20659 U.S.A. retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YNO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—It yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. ☐ Never Married 2 ☐ Married 1 TES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced **Black** 18a. DECEDENT'S USUAL OCCUPATION 9 15. DECEDENT'S EQUICATION 16b. KIND OF BUSINESS/INDUSTRY asn (Specify only high (Give kind of work done life. Do NOT use retired.) ET Jou Elementary/Secondary (0-12) College (1-4 or 5+) detached Own Home 5th Grade Homemaker once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 2 Ħ Maria Maddox Sam Thomas notified director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 2300 Brooks Dr. Apt. #103 Suitland, MD 20746 John E. Young after death. Page 6 may be must be 20a, METHOD OF DISPOSITION
1 D Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Charles Memorial Gardens 6/24/96 Leonardtown, MD 4 Donation 5 Other (Specify) 21, SIGNATURE, OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY funeral Mattingley-Gardiner Funeral Home, P.A. 23. PART I./Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate filled in by the f medical Approximata Interval Between ahock, or heart fallura. List only one cause on each line. IMMEDIATE CAUSE (Final the ccidental Josh 20 D Hip Practine Idays
DUE TO (OR AS A CONSEQUENCE OF):
Fermal Nech Fracture disease or condition_ reaulting in death) event, and com o burial, traumatic CERTIFICATION Sequentially list conditiona, 9 if any, leading to immediate cause. Enter UNDERLYING other t CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL PERFORMED? AVAILABLE PRIOR TO any COMPLETION OF CAUSE signed b OF DEATH? Shows ony o parh 1 - YES 2 7 NO been : DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DR ATTENDING PHYSICIAN: The law has be Dept. 23 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL certificate h the State EXAMINER?

1 YES 2 NO

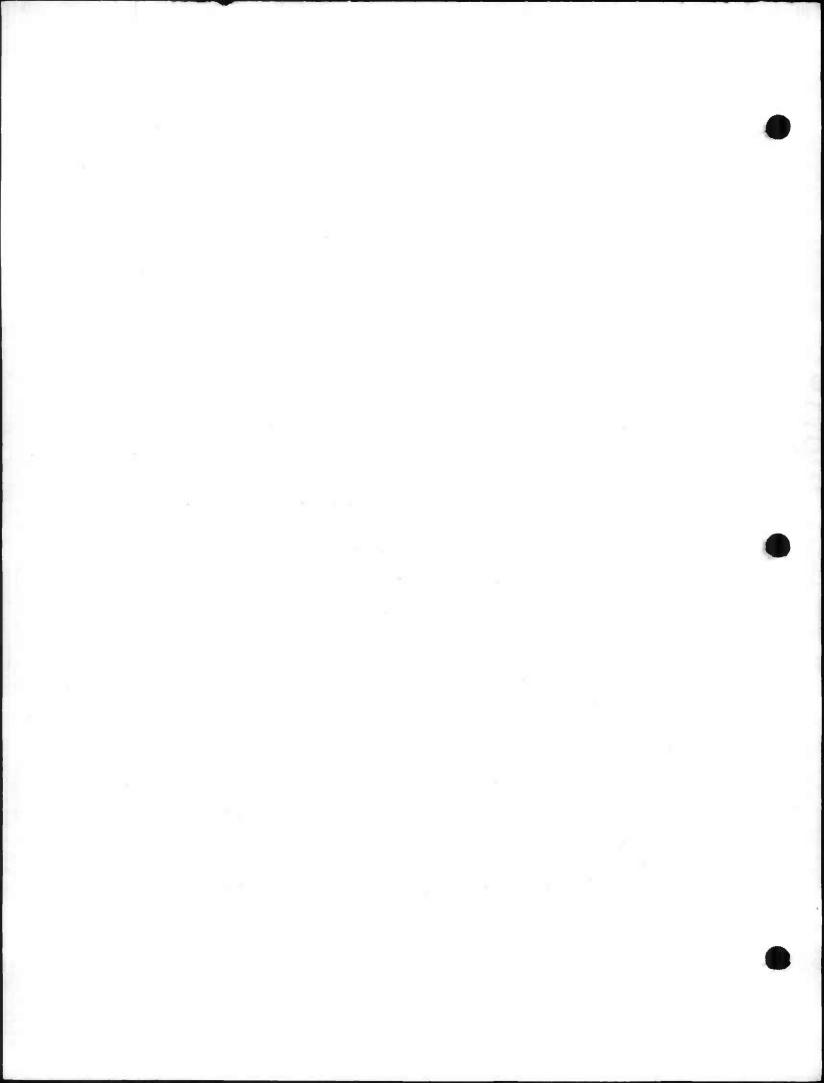
27. MANNER OF DEATH HOSPITAL: OTHER:
4 | Nursing Hama 5 | Residence 8 | Other (Specify) Inpatient 2 ER/Outpetient 3 DOA 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED marked, with 1 (Month, Day, Year) 6-15-96 2100 M 1 Natural
2 Accident
3 Suicide 5 Pending 1 YES BY After 28s. PLACE OF INJURY — Al home, term, street, tectory, office DIRECTOR: A hours after d item 28 is .09 8 Could not be COMPLETED 5 NURSING item 29a. CERTIFIER
(Check only one)

29 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my colorion, deeth occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL D within 72 h RTANT: If IN MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 114285 June 24, 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) William Boyd, II, M.D. Leonardtown, MD 20650 32. REGISTRAR'S SIGNATURE
Julia Davidion Rondoll 31. DATE FILED (Month, Day, Year) JUN 25 1996

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

DHMH-16 Rev 1/89



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Constance Zangla June 22, 1996 12:45 A.M. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Howard 2000 Woodbine Road Woodbine If Under 1 Yeer | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) | May 31, 1938 5. Social Security Number 7. Age (In yrs. lest birthday) 58 yrs. 9. Birthplece (Stete or Foreign Country) **Funeral** 1□M 21 F Months Days Yrs. Director Pennsylvania 208-28-2041 Usual Residence of Decedent permit. Peges 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health and Mental hygiene.
Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical France. 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Prince George's Fort Washington 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 20744 U.S.A. 8415 Clay Drive Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black. White, etc. 1 Never Married 2 Married Specify: White 1□ Yes 2 No by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Own Home Homemaker 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Rienzi Louise William Mangino 2 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Victor Zangla -8415 Clay Drive, Fort Washington, Md.20744 Husband 20b. Plece of Disposition (Neme of cemetery, cremetery or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 6/27/96 Clinton, Maryland Resurrection Cemetery efof Funeral Service Lic 22. Name end Address of Fecility George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md.20745 23a. Pert1. Enter the descent or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset and Death **Physician** AGGRESSIVE LYNPHOMA

Due to (or es a consequence of):

CENTRAL NERVOUS SYSTEM INVOLVEMENT /Medical Immediete Cause (Finel diseese or condition resulting in death) **Examiner** To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours effer death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the bunal-transit completely filled in by the funeral director, page 2 should be deteched for use as the bunal-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 22 No 3 Probably 4 Unknown Be Completed by 24a. Wes en autopsy performed? 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Piece of Deeth (Check only one) 1 Yes 24 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 27. Manner of Deeth 1 Naturel 28c. Injury et Work? 28b. Time of Certification: 28d. Describe how injury occurred 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide Medical 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end plece, end due to the cause(s) and menner es steted.
2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred at the time, date end place, end due to the cause(s) end menner steted. 29a. Certifler 29b. Signeture end title of certifier 29c. License number AniseNaval Son Rakhan 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) AMOL RAKKAR, NATIONAL INSTITUTES
OF HEACTH, 90-00, ROCKVILLE PIKE, BETHESDA, "ND 20892 OF HEACTH, 9000, ROCKVILLE PIKE, BETHESDA, 31. Dete filed (Month, Dey, Yeer)
JUN 2 4 1996 32. Registrer's Signeture State Registrar

DHMH 16 Rev 6/95

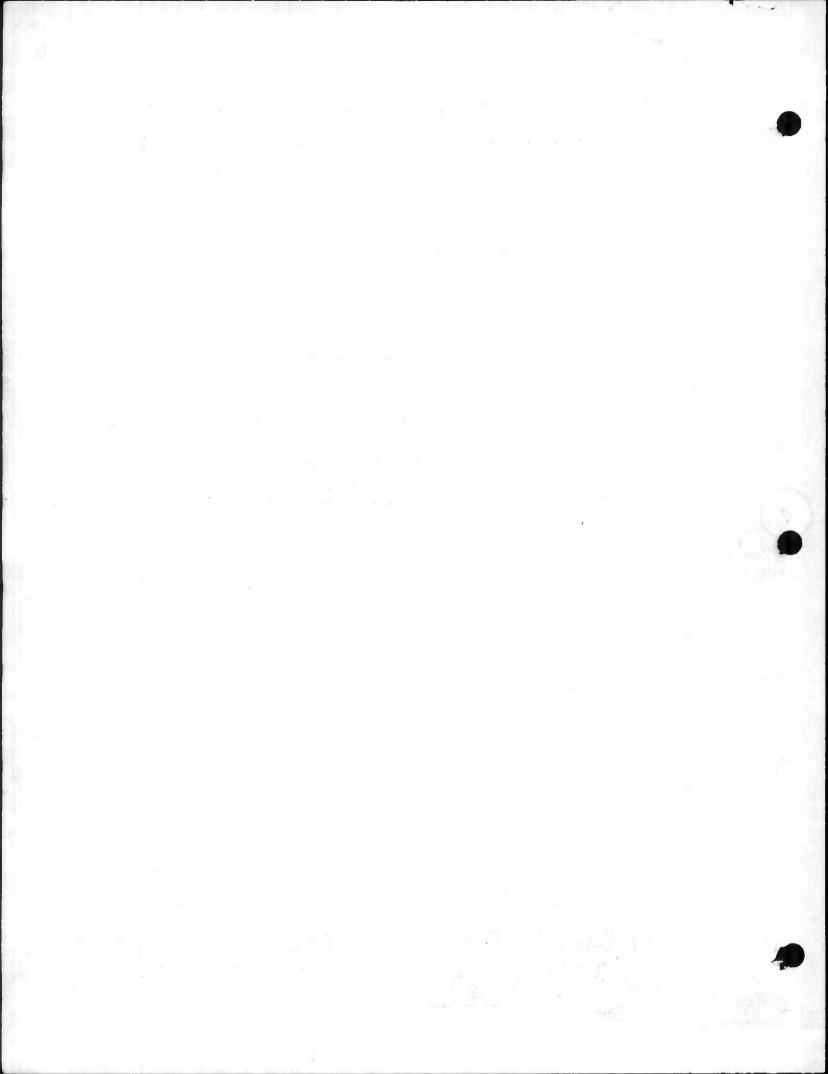
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State of Maryland / Department of Health and Mental Hygiene 96 208 | 8

	Certificate of Deat	th	Reg. No.	
	1. Decedent's Name (First, Middle, Last)	2. Date of D	eeth	3. Time of Death
/sician ledicai	THOMAS LEONARD ANDERSON	JULY Month	6, 1996	3:05 AN
miner		Town, or Location of Des	1h 4c. County of Death	
	1600 Mt. Royal Avenue Apt. 1506 Ba	ltimore	N/A	
eral tor	214-20-1940 1 KMM 2 F 68 Yrs. Months Days Hours	der 24 Hrs. 8. Date of B // Month, E AUG. 25	irth 9. Birth Co. 1927 BALT	plece (Stete or Foreign intry) IMORE, MD
	Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location			
Director	MD n/a BALTIMORE			10d. Inside City Llmits XIX□ Yes 2□ No
rai Dir	109. Street end Number 1600 MT. ROYAL AVENUE apt. 1506 2121	7	MNITED S	intry? FATES
by Funeral Director	11. Marital Status 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorcad 12. Was Decadent Ever in U,S. Armed Forces? 1 □ Yes 2 □ No If Yes, Give Year or Dates: U ∩ K.			
leted	15. Decedent's Education 16a. Decedent's Usual Occupation		16b. Kind of Business/ii	ndustry
Completed	(Specify only highest grade completed) Elementary/Secondary (0-12) 8 th		MAINTENANO	E
BeC	EMBONEN (partice)	ther's Name (First, Middle		4
ToB	SAMUEL T. ANDERSON	LOTTIE F.	ANDERSON	
To	19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Num			p Code)
	101		t. 1506, BAL	
	20a. Method of Disposition 1 ☑ Furial 2 ☐ Cremation 3 ☐ Removal from State 20b. Placa of Disposition (Name of cemetery, crematory or other place)	Date	20c. Location - City or T	
ouce.	4 Donation 5 Other (Specify) WESTERN STAR CEMET	TERY 7-12	CATONSVILL	E. MD
8	21. Signalure of Funeral Service Licensee 22. Name and Address of Fac	cility		- ,
8	L. Valencia 3 Wellard March Funeral 1101 E. North		Itimore MD (11000
	23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying such a	es cardiac or respiratory	errest,	Approximate
an	shock, or heart failure. List only one cause on each line.			Interval Between Onset and Death
cal	trimediate Cause (Final	111 / 2004	110	mall on
er	disease or condition resulting in deeth)	many	100	0 Mt 14000
e e	Due to (or as a consequence of):	1 10 100 5	lerosis	5 years
Examiner	b. Authority My	(Anterm)	Jer 0 313	7 - 10013
Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury			
	trial initiated events		1	
Medical	resulting In death) Last Due to (or es e consequenca of):			
Physician/	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Par	rt I. 23b. Dic	I tobacco uee contribute 1	o the cause of death?
by Phy	Grouty anthritis			bably 4 Unknown
				ere autopsy findings
Completed		рел	CC	relieble prior to ompletion of cause death?
Comp				
	OE the considered to medical			☐ Yes 2☐ No
Be	Hospital:	ace of Death (Check only		
: To Be	1 Inpalient 2 ER/Outpatient 3 DOA 4		Idenca 8 Other (Speci	(y)
5	1 Month, Day Year) Injury Work?		how Injury occurred	
Ca	3 Sulcide 6 Could not be an Street to the s		(0)	10
Certification:	determined determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)		(Street and Number or Rur own, State)	Moute Number,
	00.004//			
edical	29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date of the control of the basis of exemination and/or investigation, in my opinion, defended and the stated.	and place, and due to the eath occurred at the time	cause(s) and manner as a , date and placa, and due t	tated. o the cause(s)
Me	29b. Signature and title of certifier 29c. License number	ar.	29d. Date signed (Month,	New Year)
	Blomaln Am	×711	TILL 1	0 01
		2 (11	July	976
	30. Name and address of burson who completed cause of death (Item 23a) (Type, Print)	or hablar	grove	STNOT,
	BENTHALDO Nº OLWINARI NOT MUS B	saltimore	, md 2	1510
State	31. Date filed (Month, Day, Year)		/	
istrar	JUL 1 2 1996 U			

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. item #4b, filmg 737, 7/12/96, Cyw, per in Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth July **Physician** 1996 Aline Lillian Alexander 4:44 am /Medical 4b. City, Town, or Location of Deeth BAYNESVILLE COCH ROVER 4e. Facility Name (If not institution, give street and number) 4c. County of Deeth Examiner Genesis Eldercare-Cromwell Baltimore | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 2ØF Months 76 331-16-9335 Vrs September 12,1920 Missouri **Director** Usual Residence of Decedent permit. Pagas 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglena. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Exercise must be cuttined once. 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 X Yas 2 □ No Maryland N/A Baltimore Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5917 Edna 21214 United States Avenue Funeral 12. Was Decedent Ever In U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 X Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White þ 3 Widowed 4 Divorced Completed 15. Decedant's Education (Specify only highest grade com 16b. Kind of Business/Industry 16a. Decedent's Usual Occupation completed) (Give kind of work done during most of working life. DO NOT use retired) Elamentary/Secondary (0-12) College (1-4or 5+) Utility Company Telephone Operator 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) William Mattie Thorne King 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Robert E. Alexander/Husband 5917 Edna Avenue Baltimore, Maryland 21214 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 🖔 Cremetion 3 ☐ Removel from State Hilltop Service Corporation 7/12/96 Towson, Maryland 4 Donation 5 Other (Specify) 21. Signature of Funeral Service Licansee 22. Neme and Address of Facility Leonard J. Ruck Funeral Home, Inc. Brian A. Willem llem 5305 Harford Road Baltimore, Maryland 21214 23a. Part I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart failura. List only one cause on each lina. Approximate Intarval Between Onset end Death Physician Multiple Myeloma /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner physician and the burial-transil Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or Injury Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760. Physician/Medical thet initieted events resulting in death) Lest Due to (or as a consequenca of): 88 usa signed by the a d be detached f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Hirknown à 24b. Were autopsy findings evailable prior to completion of cause of daath? 24a. Was an autopsy performed? Completed 1 ☐ Yes 2 ☐ NO 1 ☐ Yes 2 ☐ No certificata Hospital or Attending Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) OL 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA Aftar this 28a. Date of injury (Month, Day Year) Certification: 27. Manner of Death 28b Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Matural 5 Pending after death. Director: Aft 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 \(\text{Homicide} 24 hours a 29a. Cartifian 1 🔁 Certifying Physician: To the best of my knowledge, daath occurred at the tima, data and place, and dua to the causa(s) and mannar as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the Vithin 2 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 021022 7-11-56 30. Name and address of person who complated causa of death (Itam 23a) (Type, Print) A. Kowa Lows Kums Sto 4 HARVING W SALOU ND 21234

32. Register's Signatura

Suhia Davidson-Randelle

DHMH 16 Rev 6/95

State

Registrar

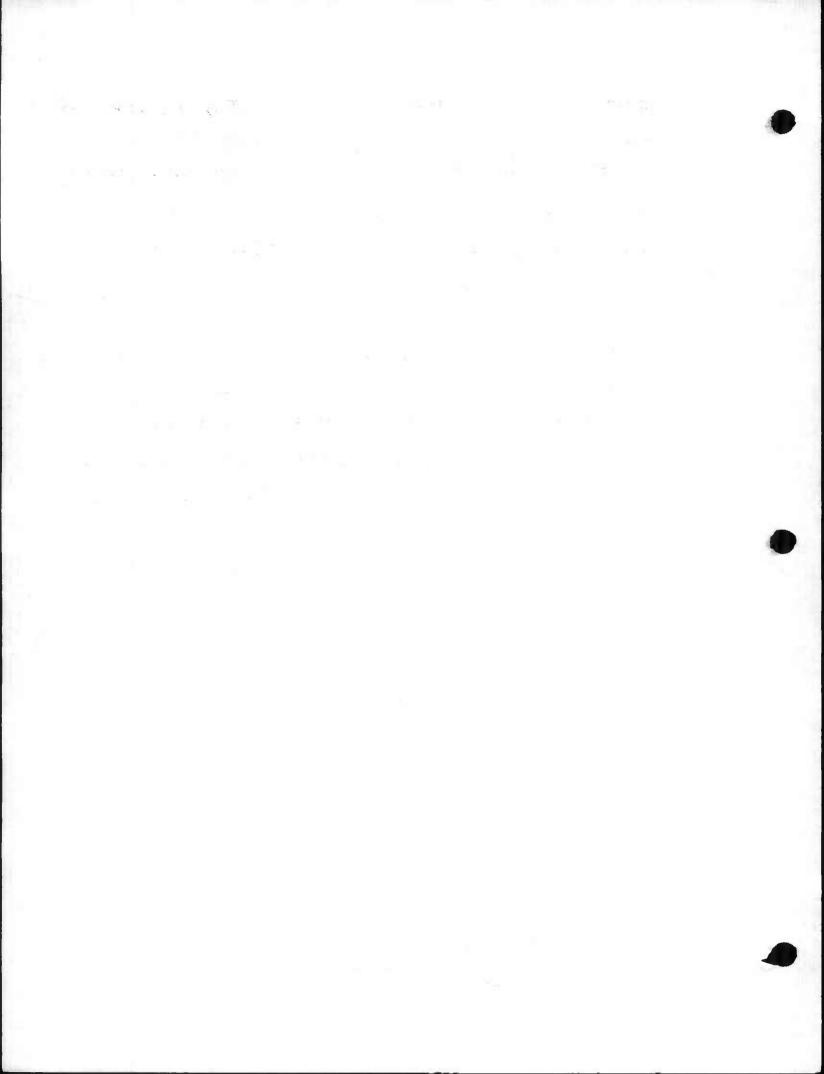
31. Date filed (Month, Day, Year)

JUL 1 2 1996

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Please Type or Print in Black Indelible Ink. Assure Ail Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 20820 Certificate of Death

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Physician	n	1. Decedent's Neme (I		st)		BROWN					2. Date of De	Dey	Year	3. Time of Deeth
/Medical		4a. Fecility Neme (If no		a street and nu		DICOVIV			4b. City. To	wn. or Lo	cation of Deet	10,19 h 4c Count	y of Deeth	1.00 m
Examine		STELLA	MARIS	AT	MERCY				В	ALTI	MORE	ı	n/a	
Funeral Director		5. Sociel Security Num 228-34-09	142 1	ex □M AZF	7. Age (In y	rs. lest birthdey Yrs.	Month	ler 1 Year s Days		Min.	8. Dete of Bir (Month, De NOV	1, 1915	9. Birthi Coul V I R	piece (Stete or Foreig GINIA
*	-	Usuel Residence of De 10a. Stete 16	Ob. County		10c.	City, Town or L	ocation						1	IOd. inside City Limit
28a-f show notified at	200	MD	n/a				LTIM	ORE						X Y□ Yes 2□N
23a or 21		10e. Street end Number	. CARO	LINE S	STREET		10f. Z	ip Code	217	20	5	10g. Citizen of UNITED	Whet Coul	•
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and Mental	2	19e. Informent's Neme				10h Mail	ing Addre	nn /64mn		SORI	JONES	er, City or Town	Ctoto 7ir	Code
Health an		DOROT	HY LAN			1128	8 E.	PR	RATT			ALTIMORE	, MD	
2 5 5 0		20a. Method of Dispos XtX□ Burial 2 □ 0 4 □ Donetion 5 [Cremetion 3 🗆		Stete	b. Plece of Disp cemetery, cre BALTIMOS	emetory o	leme <i>of</i> rother ple CEMET		7	Dete	20c. Location	,	
Department of importants if any injury or once.		21. Signature of Funer			1		2. Neme	end Addr	ess of Fecliit	у				MARYLAND
20.5 8 8		- Uln	SON	Cak	ol								'H A'	VENUE
		23a, Pert1. Enter the of shock, or heart fe	diseese, or comp siture. List only o	plications thet one cause on e	caused the de each line.	eeth. Do not er	nter the m	ode of dyi	ing, such es	cardiac o	or respiretory e	rrest,	i	Approximete Interval Between Onset end Death
hysician /Medical		Immediate Ceuse (Fin	el				Post	10 mm	0.5 10	1	TNOEN		1	
xaminer		diseese or condition resulting in deeth)		0	Due to	o (or as a conse		_	776	4	ANUE M			UNKNOWS
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physician and as the burial-transit	LVG	Sequentially list condit if eny, leading to imme cause. Enter Underlyi Ceuse (Diseese or Inju thet initiated events	tions, ediete ng		Due to	o (or es e conse	quence o	f):		٠,			1	
ormicate be executed indig physicien and use as the burial-transit in Medical Examiner	MICAICA	thet initieted events resulting in death) Las		d	Due to	(or es e conse	quence of):			-			
auth c attanc I for us														
d by the attaitated for lateched for	100	Pert ii. Other significa	nt conditions co	entributing to d	eath but not	resulting in the I	underlying	cause gi	ven in Pert i					the cause of death
igned by be dated											10	Yes 25 No	3 Pro	bably 4 ☐ Unknow
aw requir	Picce										24e. Wes	en eutopsy ormed?	ev cc	ere eutopsy findings aliable prior to impletion of cause deeth?
ata ha											10	Yes 200No	10	Yes 2 No
cartificata rector, par	3	25. Was case referred examiner?								of Death	(Check only	one)STELL	A MAR	IS AT MER
	2	1□Yes 3☑No				☐ ER/Outpetie		NA						y) HOSPICE
r daath. cross Affar this cartification: To Be C	acidit.	27. Manner of Deeth 1 ☑ Neturel 5 2 ☐ Accident	investigetion		of Injury th, Dey Year	28b. Time of Injury	of M	28c. Inju Wo	ryat ⊮rk?]Yes 2 □ I		28d. Describe	how injury occu	rred	
		3 ☐ Suicide 6 4 ☐ Homicide	Could not be determined	286. Place	of Injury - A ing, etc. (Spe	t home, farm, st	reet, fecto	ory, office		2	28f. Location (City or To	Street end Num wn, Stete)	ber or Rura	al Route Number,
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/_		30. Name and eddress	27. 2	mi	Dres			De	4048	0		Juli	1'	2,1996
7		30. Name and eddress	of person who o	ompleted caus	se of death (I	tem 23e) (Type	, Print) 🛫	5810	BEL	TIME	RD		7	
				and the	Pagina Ban	u a lua ^{es}	0192	10	NO :	2/20	16			
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

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ine	er	SHOCK TRAUM					BALTI			4c. County		
al		5. Social Security Number	6. Sex	7. Age (In y	rs. lest birthday,	If Under 1 Year Months Devs	If Under 2		8. Dete of Birth (Month, Dey,	4		plece (Stete or F
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	+	Usuel Residence of Decedent 10a. State 10b. Cour	nty	10c.	City, Town or Le	ocation					1	Od. Inside City
	ğ	MD	N/A		BALTIM	10RE						1∑ Yes 2
	Director	10e. Street end Number		1		10f. Zip Code			1	0g. Citizen of	Whet Cour	ntry?
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State Registrar

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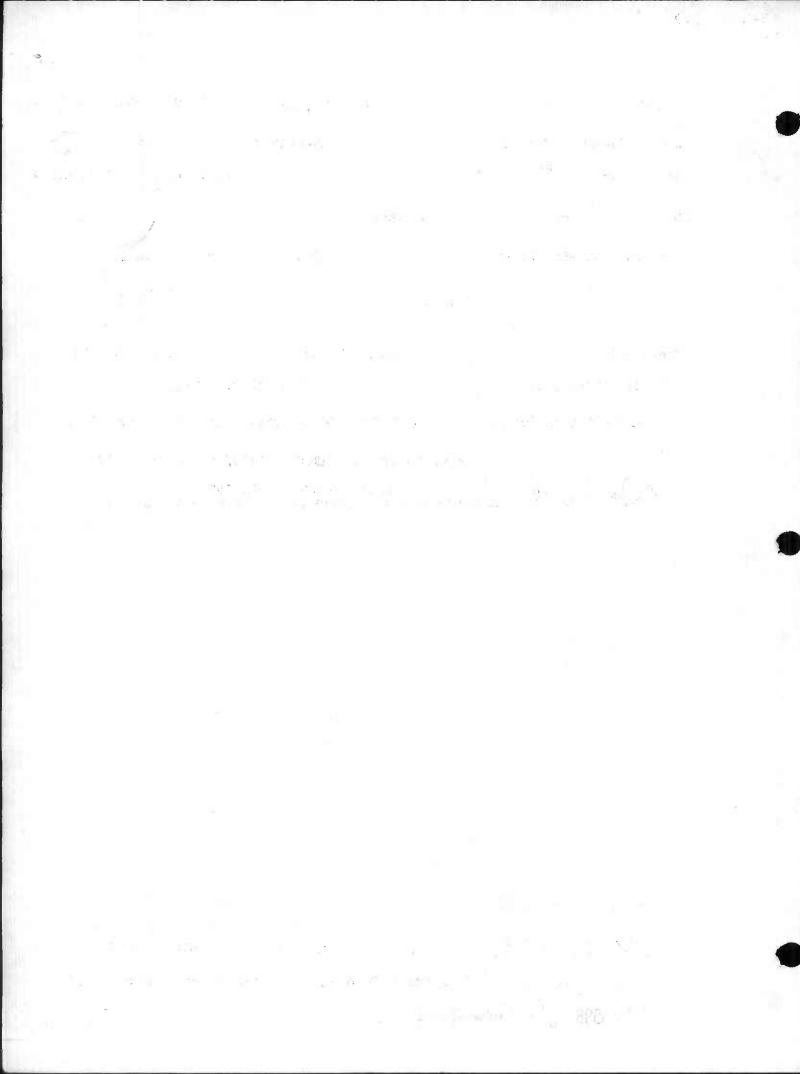
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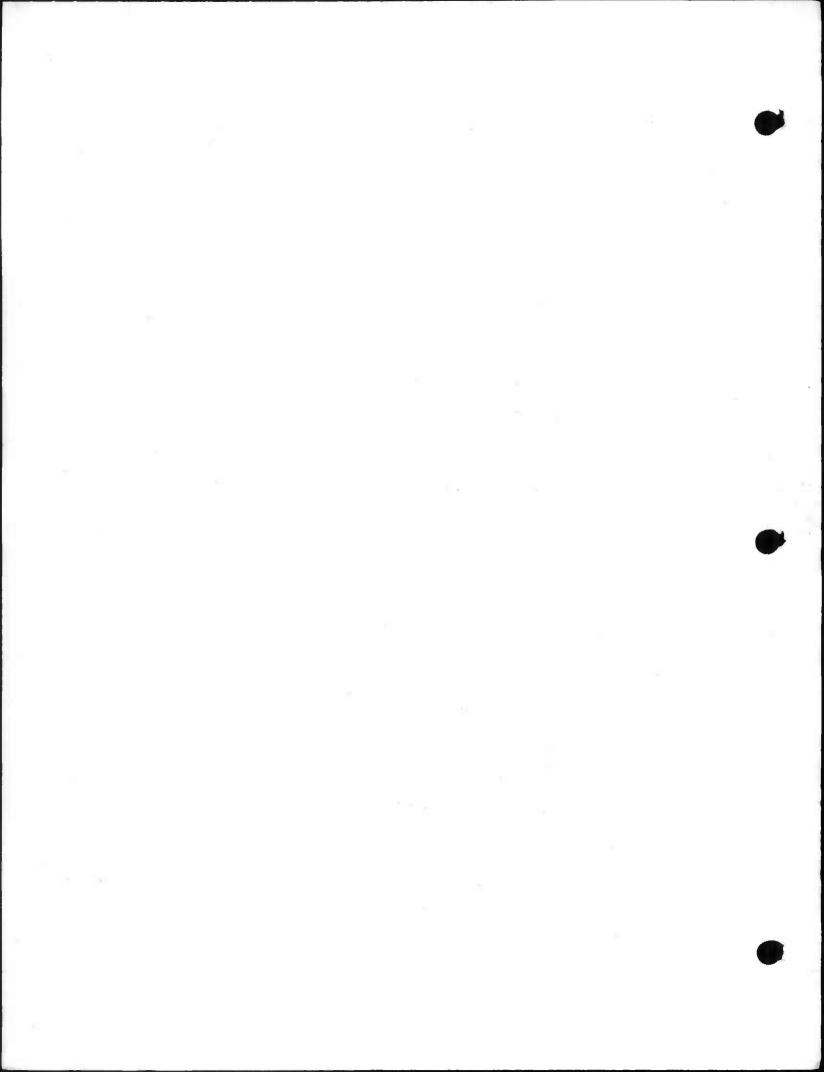
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DIVISION OF VITAL RECORDS, P.O. BOX	OR ATTENDING PHYSICIAN: The law requires that the death certificate be
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OF VI	PHYSICIAN:
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	OB

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)	BRYAN:	T				2. DATE OF DEATN MONTH DAY YEAR				
	4. SOCIAL SECURITY NUMBER 5	SEX 6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Dey, Year)	1	PLACE (State or Foreign			
	577-56-0240 19s. FACILITY NAME (If not institution, give stree	□ M 2 🖫 F 79	YRS.	MONTHS DAYS	HOURS MIN.	317 Germany					
DIRECTOR	7080 Cradlerock		bia	eath 9c. county of death HOWard							
EC	10e. STATE 10b. COUNTY		10c. CITY	Y, TOWN OR LOCAT	ION				10d, INSIDE CITY		
		ward		Columbia		LIMIT 1 YES					
FUNERAL	100. STREET AND NUMBER 7080 Cradlerock	Wav. Apt. 503		101	21045		10g. CITIZEN OF WNAT COUNTRY? Germany				
NO.	11. MARITAL STATUS	2. WAS DECEDENT EVER IN II S	ARMED			NIC ORIGIN? (Specify Ye	ecify Yee or No. 14. RACE — American Indien,				
87	1 Never Married 2 Merried 3 X Widowed 4 Divorced	FORCES? 1 YES 2 VIF YES, GIVE WAR OR DATES	NO	If yes, sp.	ecify Cuban, Mexico 2 NO Specif	nn, Puerto Rican, etc.) /y:	Black, White, etc. Specify: White				
ED	15. DECEDENT'S EDUCAT (Specify only highest grade cor		DECEDENT'S	USUAL OCCUPATION OF COME OF CO	ON at at unaking	16b, KIND OF BU	ISINESS/INDI	USTRY			
COMPLET	Elementary/Secondary (0-12)		ifa. Do NOT us	e retired.)	at or working	s Officers Club					
MP	12 17. FATHER'S NAME (First, Middle, Lest)		Wait	ress			Forc	e			
	Joseph Genau					ME (First, Middle, Melder Weinrich	Surname)				
8	19a. INFORMANT'S NAME (Type/Print)	T.	19b. MAILING	ADDRESS (Street a		Route Number, City or Tox	vn State 7in	Corls)			
2	John J. Bryant -								, Fl. 32459		
	20a. METHOD OF DISPOSITION 1 D Burtal 2 X Cremation 3 Remova			OF DISPOSITION (Na		DATE 20c. LC					
	4 Donation 8 Other (Specify)	Ches	apeak	<u>e Cremat</u>	Ory, Inc	7/09 Be	ltsvi	lle	, Md.		
	· Geresa ×	Klus	_	Gary L	. Kaufma	n Funeral					
	23. PART : Erfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate										
	snock, or neer tailure. List only one cause on each line.										
	disease or condition resulting in death) ACUTE UPPER GASTROISTESTIVAL BLEEDING 1 DAY DUE TO (OR AS A CONSEQUENCE OF):										
_	DUE TO (OR AS A CONSEQUENCE OF): GASTIZO ESOPHAGEAL REFLUX DISEASE YEARS										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		TEARS								
CA	CAUGE (Disease of Injury	AUSE (Disease or Injury									
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EOUENCE OF):					,		
	d										
¥	PART II. Other significant conditions of				-	Part i. 24a. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC	HYPERTENSION HOEDPPD	1 To ALLOH	SHE	MACKE	BILLIS	1 TYES	NO NO		OF DEATH?		
M		SLITE TO CALISE OF DE	ATLI VE	SUNOU	LINICEDTAI	N 74			1 - YES 2 - 10		
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
SIC		OSPITAL: □ Inpetient 2 □ ER/Outpatient	3 DOA	OTHER:	5 Rasidence	6 Other (Specify)					
E	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	URY AT RK?				NJURY OCCURED				
ВУ	1 Neturel 5 Pending 2 Accident Investigation		INJU	M 1 7	ES 2 NO						
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	26s. PLACE OF INJURY — At I building, etc. (Specify)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
P.E.	29e. CERTIFIER 1 Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner es stated.										
OM	one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner se stated.										
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER POPULATE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day										
TO B	Tatyu A love in Howard to D31473 Ducy 8										
-	30. NAME AND ADDRESS OF PERSON WHO C								21042		
	PATRICE-A TOYE 4565 HEMIQUE CONE WAY ELLICOTICITY MS										
	JUL 1 2 1996 0 -	- Wassa - Nonbras	•								



TIMORE, MARYLAND 21215-0020

AL RECORDS, P.O. BOX 8076	OH ATTENDING PHYSICA N. The law requires that the death certificate be executed within	DIRECTOR: The forcate has been signed by the attending physician and completely now it is state Dept. of Health and Mental Hygiene prior to burial, cremat	item 28 is marked, or item 23 shows any Injury, or other traumatic event, i
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DIAIG.	OR ATTE	DIRECTOR Yours after	Item 28

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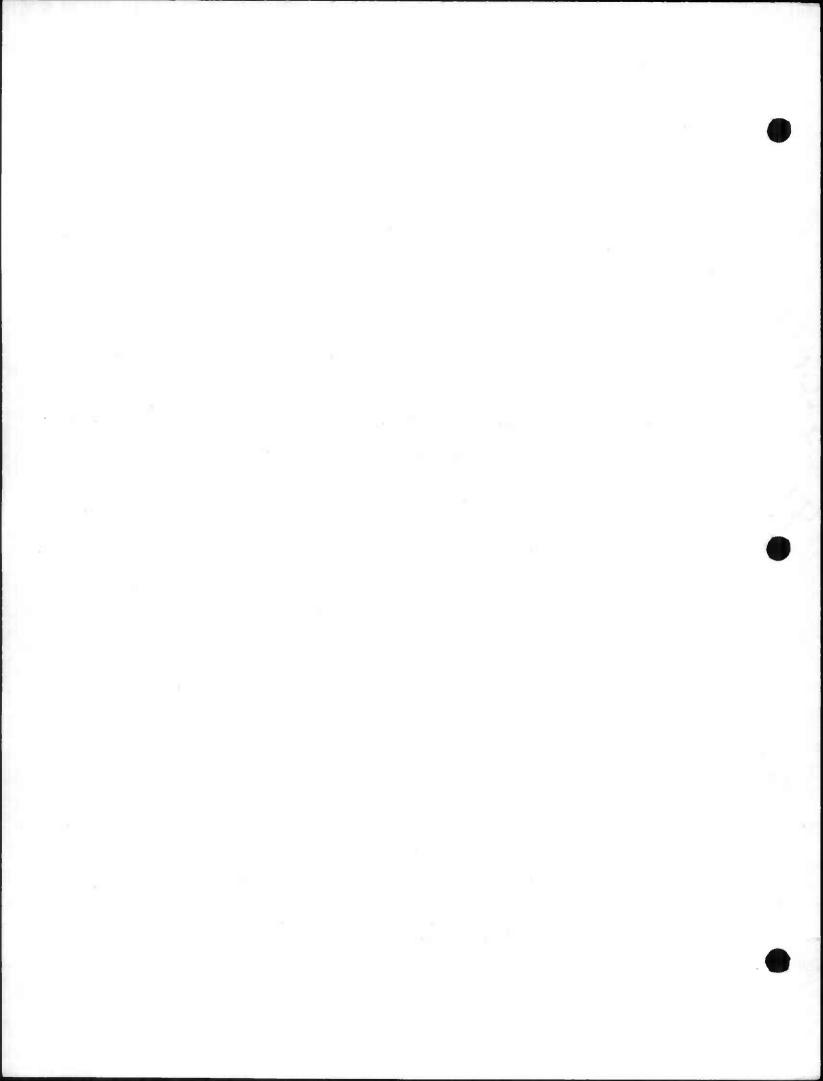
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 DECEDENT'S NAME (First Middle Lest) 3. TIME OF DEATH JU L ANN CATHERINE BONNEAU м 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTNPLACE (State or Foreign 6. AGE (In vrs. lest birthdev) IF UNDER 1 YEAR IF UNDER 24 HRS. June 18, DAYS HOURS Maryland 1 M 2 X F 219-30-4563 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH Baltimore DIRECTOR Stella Maris Hospice Towson RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Harford Bel Air Maryland 1 TYES 2 X NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1326 Sweetbriar Lane U.S.A. 21014 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puarto Rican, atc.)

1 YES 2 X NO Specify: 14. RACE - American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married Specify: BY 3 Wildowed 4 Divorced White ETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12th grade Medical Secretary Health Care 18. MOTNER'S NAME (First, Middle, Maiden Surname) 17, FATNER'S NAME (First, Middle, Last) Catherine Bonus George H. Hermann Sr. 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 West Friendship, Md. 21794 3200 Parliament Place, Kathleen Pusheck (Daughter) 20a, METHOD OF DISPOSITION
1 M Burial 2 Cremation 3 Removal from State 20c. LOCATION -- City or Town, State 20b, PLACE AND DATE OF DISPOSITION (Name of Gardens of Faith Cemetery 7/12/96 Baltimore, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL/SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Home of Bel Air, Inc. Jacob 610 W. MacPhail Road, Bel Air, Md. 21014 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heer fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) CANCER LUNG 4 mos QUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 🗵 NO 🗌 UNCERTAIN 🗎 PHYSICIAN: 26. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL OTHER 1 YES 2 XNO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 □ Nursing Nome 5 □ Residence 8X Other (Specify) HOSDICE 27. MANNER OF DEATH 28s. OATE OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 26b. TIME OF 1 Natural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, streat, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Nomicide 29a. CERTIFIER
(Check only one)

29a. MEDICAL EXAMINED: On the best of my knowledge, death occurred at the time, data and piaca, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 8 Derdall aultulin 25643 9 96 30. NAME AND AODRESS OF PERSON WNO COMPLETED CAUSE OF GEATN (ITEM 27) (Type, Print) DR. KENDALL FAULKNER 2300 DULANEY VALLEY RD., TOWSON, MD

12. REGISTRAR'S SIGNATURE



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legibie.

State of Maryland / Department of Health and Mental Hygiene

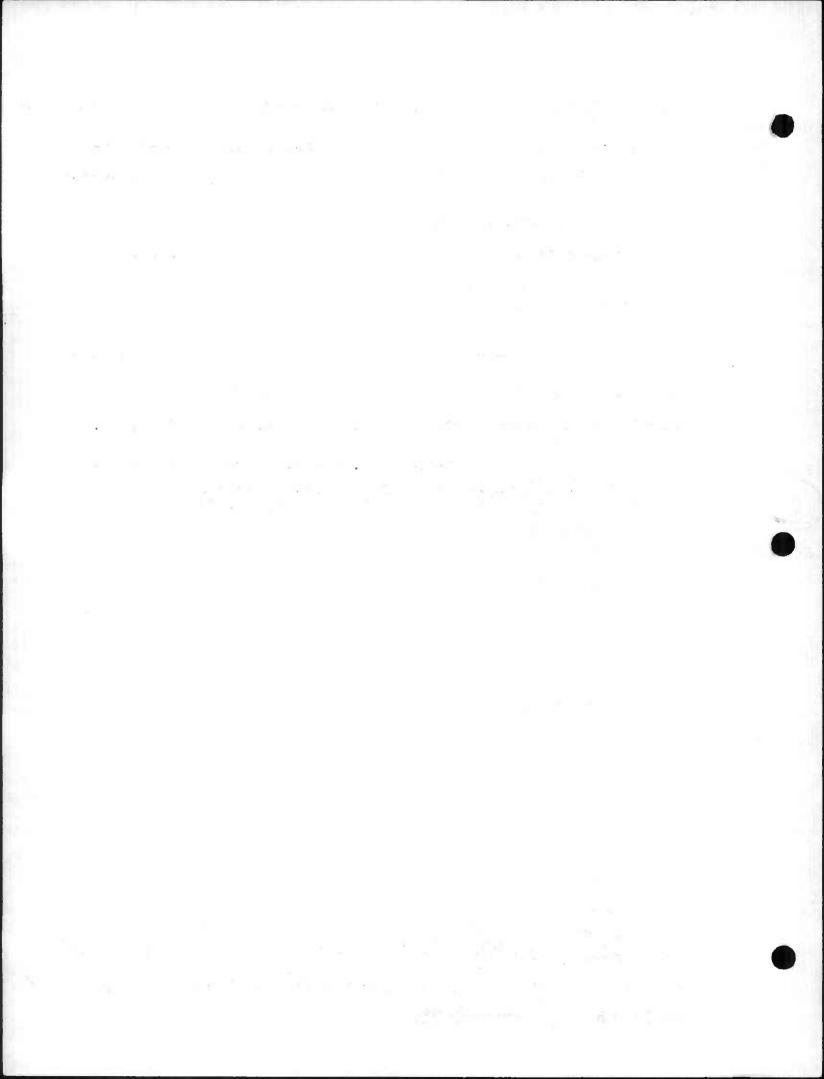
20824

							701 LI	ilcale of	Dealli		Reg. No.			
Physicia /Medica		1. Decedant's Nama <i>(First, Middla, Last)</i> Anita Rose Bornstein								2. Data of I June	26 Day OO Yaar		3. Tima of Death 8:30 PM	
Examine	_	4a. Fecility Nama (If not institution, give street end number)							4b. City, Tow	4b. City, Town, or Location of Death 4c. County of Death				
Funeral Director		8404 Irvington Avenue Beth									Montgomery 9. Birthpiace (State or Foreign Massachusett:			
D		Usual Rasidanca o												
filed within 72 hours after deeth with the Maryland thygiene. the than "natural", or items 23a or 28a-f show ont, the Madical Evariers must be notified at		10a. Stata	10b. County			. City, Town o		tion			10d. Inside City Limits			
Perf	5	Maryland	Montgo	mery		Bethes	da						1 No Yes 2 No	
d be no	Pie	10e. Street and Nur 8404 Irvi		10f. Zip Coda 20817					10g. Citizan of What Country? U.S.A.					
iene. Than "natural", or itema 23a or 28a-f show The Madical Examiner must be notified at	by Funeral Directo	24	ied 2 Married	It Yas, Gi	orcas? 2 No va X	in U,S.	U.S. 13. Was Decedant of Hispenic Origin? (Specify Yas or It Yas, specify Cuban, Maxicen, Puerto Rican, etc.) 1 □ Yas 2 □ No Specify:					No- 14. Race - American Indian, Black, White, etc. Specify: White		
ural M.Ex	D D	3 U Wildowed 4 U Divorced Yaar or Datas:												
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축 F	Be C	17. Father's Nama	(First, Middle, La	st)					18. Mothar	s Nama (First, Midd	le, Maidan Sumama)			
D .	10 8							Berni	nice Pepper					
		19e. Intormant's No				19b. M	lailing /	Address (Stree		or Rural Routa Nun		vn, Stata, Zi	ip Coda)	
27 la		Bernice I	Bornstei	n		158	DI	sle of	Capri.	Delray,	Florida	33	484	
5 5		20a. Mathod of Disj			20			on (Name of lony or other pla		Junoan 2				
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Important: If it any injury or c		21. Signature of Fu						lama and Addr		1990				
D S S		Line	Ω	1) 10,-						eral Home	S	3		
		Ives-Pearson Funeral Homes Falls Church, Va. 22046 23a. Part1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one ceuse on each line.										Approximata		
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nding physicien and use as the burial-transit	n/Medicai	Cause (Disaasa or Injury that Initieted evants rasulting in death) Last Due to (or as e consequance of):												
d for us	Part II. Other significant conditions contributing to death but not resulting in the underlying ceuss given in Part I. 23b. Did tobacco use contribute to the care										to the cause of death?			
	by Physicia									1 Yes 2 No 3 Probably 4 Unknown				
	Completed									24a. W	as an autopsy rformed?	6,	Vare eutopsy findings vallable prior to ompletion of ceuse I death?	
ata he	0									10	Yas 20 No	1	☐ Yee 2☐ No	
	99	25. Was casa ratar	red to medicei						26. Placa o	of Deeth (Check onl	y one)			
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		27. Mannar of Death 1 X Naturel 2 ☐ Accidant	5 Panding invastigat	28a. Dete of Injury (Month, Day Year) 28b. Time of Injury Work? 28d. Dascribe how injury occurred						curred				
I Director: A	Certification:	3 Suicide 4 Homlcida 6 Could not be detarmined 28a. Piace of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28b. Location (Streat and Number or Reconstruction of the building, atc.)								mber or Rui	ral Route Numbar,			
	edical										e ceuse(s) end a, data and plac	menner es e, and dua	steted. to the ceusa(s)	
To the comp	Σ	29b. Signetura and	titia of certifier	1				29c. Lican	sa number		29d. Data sig	ned (Month	Day, Year)	
		1 Wee	& Alu	ya mo)			104	1301	79	6/2	7/9	V	
0	-	30. Nama and addre		o complated caus	a of death	(Item 23a) (Tu	ne Pri	nt)	1001	01.	10	- 1 1		
									on Ct	F-11-	Churo	h 17	a. 22046	
Charl		Neeta_A 31. Data filed (Moni	th, Day, Year)	1. 18 n	OI N	OT LU	was	птивс	on st.	, Falls	Onurc	11 , V	a. 22040	
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eryland ahow	2	Usual Residence of Decedent 10a. Stete 10b. County		10c. City, Town o					\$10 Apr. 10 Apr. 10 Apr. 10 Apr. 10 Apr. 10 Apr. 10 Apr. 10 Apr. 10 Apr. 10 Apr. 10 Apr. 10 Apr. 10 Apr. 10 Apr		nside City Limits
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with	Di	4 WOODSEND PLA	CE		10f. Zlp		,		10g. Citizen of N		
leath me 23	Funeral Director	11. Maritei Stetus	12. Was Decedent	Ever In U.S.		0 8 5 ent of H		? (Specify Yes or N		e - Americen In	dien.
Z1Z15-00Z0 within 72 hours after death with the Meryland jene. r than "natural", or frems 23s or 28s-f show the Medical Examiner must be notified at	by Fun	1 □ Never Merried 2 □ Married 3 □ Widowed 4 ☑ Divorced	Armed Forces? 1 XYes 2 ☐ If Yes, Give Yeer or Detes:	No 1111111	If Yes, spec			? (Specify Yes or N Puerto Rican, etc.)	Specify Specify	ck, White, etc.	
2 hou		15. Decedent's Edu	ucation	16a. De	ecedent's Usue	l Occup	etion		16b. Kind of B	usiness/Industry	
21215-0020 d within 72 hours af giene. or than "natural", or the Medical Exam.	Completed	(Specify only highest grad Elementary/Secondery (0-12)	de completed) College (1-4or:	3+1	ecedent's Usue Give kind of wor fe. DO NOT us						
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Marylis d 2 should th end Mer 7 is marks traumatic		19a. informent's Neme/Reletionship (T)						or Rural Route Numi			
Haal Haal		Geraldine Schn 20e. Method of Disposition		20b. Plece of D				R. CHEVY		· City or Town, S	
Caltimore, mit. Pages 1 e partment of Hac portant: if Itam y injury or othere.		1 ☑ Burial 2 ☐ Cremetion 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify)		Judean				7/5/96	Olney	Md.	
permit. Pages Department of Important: If it any injury or once.		21. Signature of Furying Service Comme		Judeal	22. Neme en	d Addres	ss of Fecility			, ma	
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OT VICEL RECORDS, P. Physician: The law requires their this certificate has been signed in director, page 2 should be dat	Completed by			_					s an eutopsy ormed?	aveilable	utopsy findings e prior to tion of ceuse 1?
ystclan: The list certificate he director, page	No.							10	Yes 22 No	1 ☐ Yes	2 □ No
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VISION C Attanding Pl or death. ector: After the by the lunera		27. Menner of Deeth Naturel 5 ☐ Pending 2 ☐ Accident Investigation	28e. Dete of Inju (Month, De	28b. Tim Inju	e of 2	8c. injun Worl	/et k? Yes 2 □ No		how Injury occur	rred	
2 2 4 4 5 5	Certification:	3 Suicide 6 Could not be determined	28e. Placa of Inj building, et	ury - At home, ferm c. (Specify)	, street, factory	, office			(Street end Numb own, State)	ber or Rural Rou	ite Number,
To the Hospital within 24 hours a To the Funeral complately filled	edical	29a. Certifier 1☐ Certifying Physical Exami	sician: To the best ner: On the bests o end menner st	f examinetion and/o	eeth occurred or investigation,	et the tim	ne, dete end p plnion, death	oleca, end due to the occurred et the time	cause(s) end me , date end pieca,	enner as steted. end due to the	ceuse(s)
withir To th	M	29b. Signature and title of certifier	0%	-/	29c	. License	e nu <i>m</i> ber		29d. Date signe	d (Month, Day,	Year)
_		1	elle	will	172	07	09	9	VULY	3	96
10		30. Name end eddress of person who co	ompleted cause of c				Ra	BETHE	= 1 1	MANO	ariy
	ate	31. Dete filed (Month, Dey, Year)	API YA Registr	ar's Signature	FRNW	200	/10	WEITT	-UMI	102	0017
Regist	irar	JUL 12 1996 A	THE RULL STORY	- Martingham							

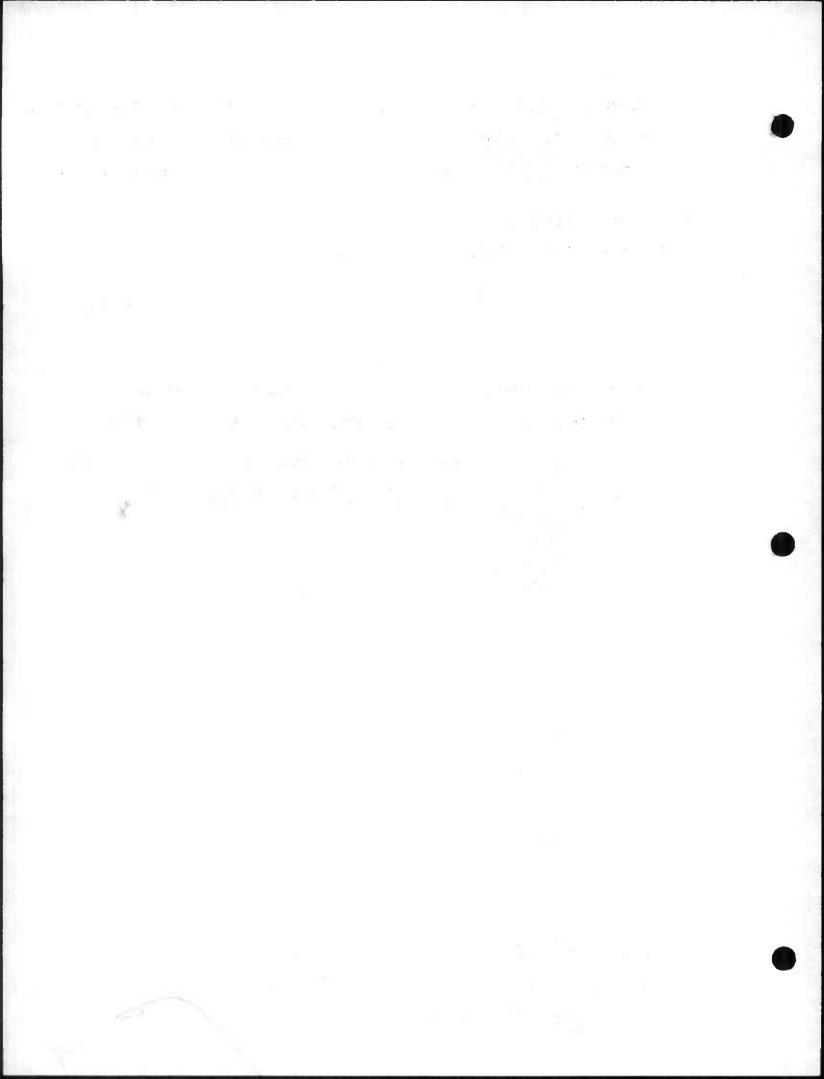


State of Maryland / Department of Health and Mental Hygiene 96

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Funeral Director			M 2DF	94	st birthday) Yrs.	If Under 1 Yeer Months Deys		Min.	8. Dete of Birth (Month, Dey, Year) 9. Birthplece (Si Country) 9 15 1901 Maryl				d d
fand ow		10e. Stete 10b. County		10c. Cify,	Town or Lo	cation					T.	0d. Inside Cl	ty Limits
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or 28	Jrec	10e. Street and Number				10f. Zip Code			10	Og. Citizen of V		ntry?	
23a	rai	103 Center Plac	e - Apr.	131		21	222			U.S.	Α.		
permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hygiene. Important: If learn 27 is marked other than "natural", or items 23a or 28e-f show any injury or other traumatic event, the Medical Examinat must be notified at once.	by Funeral Director	11. Maritel Stetus 1 □ Never Merried 2 □ Merried 3 ☑ Widowed 4 □ Divorced	12. Wes Decedent E Armed Forces? 1 ☐ Yes 2 ☐ N If Yes, Give A Yeer or Detes:			Nes Decedent of f Yes, specify Cul I ☐ Yes 2 ※ No		gln? (Speci i, Puerto Ri	14. Rece - Ame Bleck, Whi			etc.	
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1 an Heal		20e. Method of Disposition		20b. Ple	ce of Dispo	sition (Name of		ا و ا		20c. Location -			
Demit. Peges 1 ar Department of Hea Important: If Item 3 Any Injury or other DRCS.		1 D Burial 2 Cremetlon 3 F 4 Donetion 5 Other (Specify)				Redeeme		7/1					
nit. P artme ortan Injur		21. Signeture of Funerel Service Licens		MUST		. Neme end Addr			1790	Datti	1016	CILLY	
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or Attending Physician: The law requires that the deeth certificate be executed after deeth. Director: After this certificate hes been signed by the attending physician end in by the funeral director, page 2 should be deteched for use as the buriel-transit	Completed t	4-7-7-							24e. Wes er perform	n eutopsy ned?	ev	era autopsy f alleble prior t mpletion of c	0
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ysician: The last certificate he director, pege	ToB	axaminer?	fospitel:	nt 2 🗆 E	R/Outpetien	t 3 DOA OI	hor:		5 A Reside		er (Specit	(v)	
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To the To the Somp	M	29b. Signeture end title of certifier				29c. Licen	se number		29	d. Date signed	(Month,	Day, Year)	
		Menin Kin	ales la	in		7	2/02	-2-		7-	9-9	1.	
6		30. Nema and eddress of person who co	empleted cause of da	eth (Itam 2	23a) (Type,	Print)						4	
		M. Kow ALED	3K1 86	041	HAR	FORA V	X A	SALT	o MI)	21231	1		
Sta	te	31. Dete filed (Month, Day, Year)	Registre			•							

DHMH 16 Rev 6/95

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Yeer 1996 Edna July 2 11:00 am Beers V . 4e. Fecility Neme (If not Institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) Washington Adventist Hospital Montgomery 5. Sociel Security Number 7. Age (In yrs. lest birthdey) Birthpleca (State or Foreign Country) 1 □ M 2 🖾 F Yrs. 108-16-2177 Sept. 15/14 New York Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☑ No New York/ Courtland Cincinnatus 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? R. D. 13040 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Black, White, etc. 11. Maritel Stetus 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: 1 Never Married 2 Merried 1 ☐ Yes 2 ☑ No Specify: Specify: White 3⊠ Widowed 4 Divorced 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Education 4 School Teacher 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) Walter Dumond Jessie Hartwell 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 4314 Melody Lane #207, Madson, Wi. 53704 Eleanor Amico, Daughter 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burlai 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Oueleot Cemetery 7/6/96 Franklin, N.Y. 22. Name end Address of Fecility
Ives-Pearson Funeral Homes 21. Signeture of Funerei Servica Licansee Con 1.100 Arlington, Va. 22201 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Immediate Ceuse (Finei disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the causa of deeth? Coronary artery disease 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24a. Wes en eutopsy performed? 25. Wes case referred to medical examiner? 26. Plece of Death (Check only one) Hospitei: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 28a. Date of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Naturei 2 Accident 5 Pending 1 Yes 2 No investigation 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide †SC Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted.

2 Medical Exeminer: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end placa, end due to the ceuse(s) end manner stated. 29a. Certifier 29b. Signature end title of cartifier 29c. License number 29d. Date signed (Month, Dey, Yeer) 07-02-96

Division of Vital Records,

physician end the buriel-tran use es ed by been signe should be d To the Hospital or Attanding Physician: within 24 hours effer death.

To the Funeral Director: After this certific filled in by completely

Physician

/Medical

Examiner

Directo

Funeral

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Examiner

Physician/Medical

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Completed

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Certification:

Medical

DAVID M. 31. Dete filed (Month, Dey, Year)

JUL 12 1996

Funeral

Director

T is marked other than "natural", or items 23a or 28a-f shor traumatic event, the Modical Examiner maint be notified at

permit. Peges 1 and 2 should be filled within 72 hours effer of Department of Heelih and Mental Hygiene. Important: if frem 27 is marked other than "natural", or frem any injury or other traumatic event, the Medical Examples.

Physician /Medical

Examiner

Baltimore, Maryland 21215-0020

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deeth

State Registrar

7600 CARROLL AVE. TAKOMA PARK MD BRILL, MD 32. Registrer's Signeture

30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 2. Date of Death **Physician** CHRZANOWSKI RESSTE 1996 July 10 om /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Stella Maris Hospice Towson Baltimore 7. Age (In yrs. last birthday) If Under 1 Year | if Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) 5. Social Security Number Birthpleca (State or Foreign Country) **Funeral** 1□M 2K F Deys Yrs. 191-05-9452 88 Director Oct 16,1907 Pennsylvania Usual Residence of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits ed other than "natural", or items 23s or 28s-f show event, the Medical Examiner must be notified at 1 ☐ Yes 2X No Md Baltimore N/A Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 103 Center Place 21222 USA Funeral 11 Meritel Status 12. Wes Decedent Ever in U,S. Armed Forcas? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. Bleck, White, etc. 72 hours after 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: 1 Never Married 2 Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed Decedent's Usuel Occupetion
 (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) filed within 7 Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) 8 Maintenance Board of Education permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked othe any Injury or other treumatic event, othes. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Joseph G. Chrzanowski Mary Ann Zygmunt 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 7447 Durwood Rd. Dundalk Md. 21222 Henry Crane / brother 20b. Pleca of Disposition (Name of cametery, crematory or other placa) 20c. Location - City or Town, Stete 20e. Method of Disposition Dete Buriel 2 Cremetion 3 Removel from State 7 - 134 ☐ Donetion 5 ☐ Other (Specify) Glen Haven Memorial Glen Burnie, Md 22. Name end Address of Fecility
Connelly Funeral Home of Dundalk 7110 Sollers Point Rd 21222 234 Part1. Enter the disease, or complimations that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Breast Cancer-Immediete Cause (Finel Metastatio MANS diseese or condition resulting in deeth) Examiner Due to (or es e consequence of): Examine The lew requires that the death certificate be executed attending physician and for use as the burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or es e consequence of): resulting in deeth) Lest P.0 23b. Did tobacco use contribute to the cause of death? the Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. signed by 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Were autopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed been s has 1 ☐ Yes PS-No certificate 1 ☐ Yes 2 ☐ No Division of Vital Physician: 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only oneSTELLA MARIS AT MERCY Be Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)HOSPICE 1 Yes 2 No P this funeral 27. Menner of Deeth 28e. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how Injury occurred Certification: After t or Attending 5 Pending investigation death. I Director: And in by the fr 1 Yes 2 No 2 Accident 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, offica bullding, etc. (Specify) efter 4 HomicIde To the Hospital within 24 hours e To the Funeral I Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) end menner as steted.

2 Medical Examiner: On the best of examinetion end/or investigetion, in my opinion, deeth occurred at the time, dete end piece, end due to the cause(s) end menner steted. edical (Check only one) 29b. Signeture end title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) mound 0404.80 1936 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 58/0 1322AIR 120 FERNANDO V. FERRO, MO 21206 MO 34270 31. Dete filed (Month, Dey, Year) 32. Registrar's Signature JUL 12 1996 which twidson Bondall

Registrar

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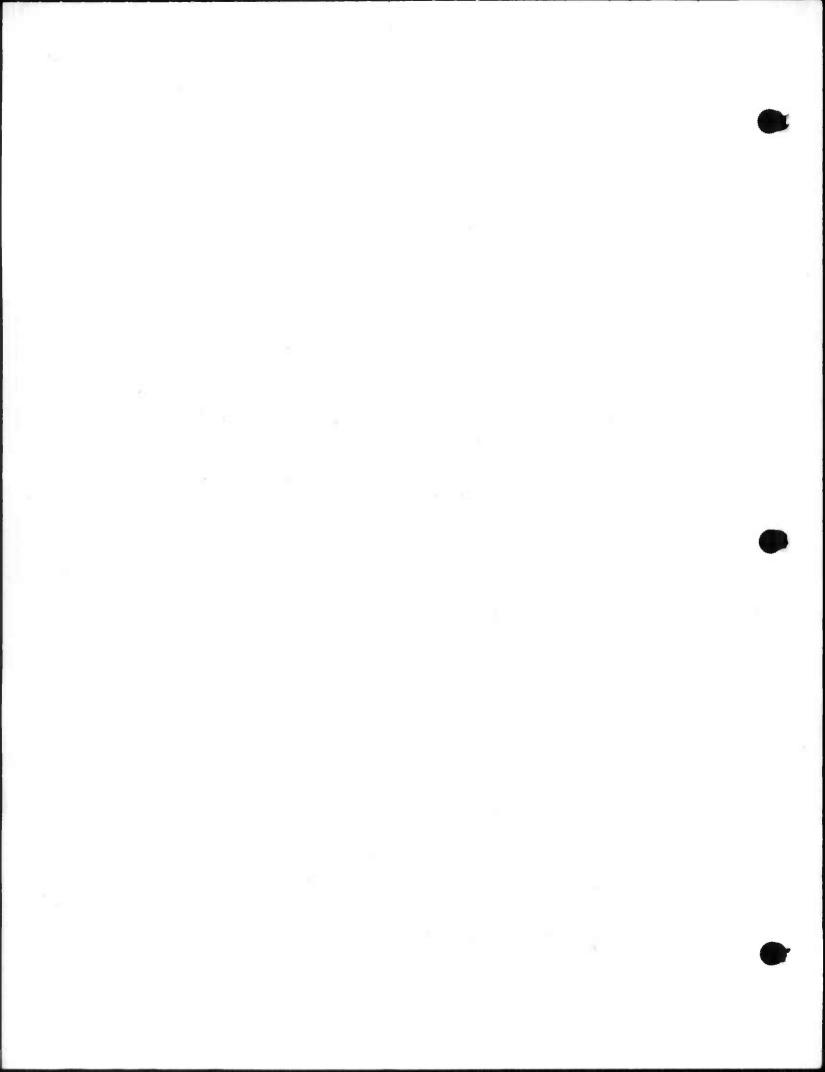
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BALTMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	OR ATTENDING PHYSICIAN; The Is
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEI							
	1. DECEDENT'S NAME (First, Middle, Leet)	M CAL	ANAUG			2. DATE OF DEATH	DAY YI	S. TIME OF DEATH					
				IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign					
		1 M 2 XF 91		MONTHS DAYS	HOURS MIN.	(Month, Day, Year) AUG. 5, 19(Country) [ARYLAND					
~	9a. FACILITY NAME (If not institution, give stre			9b. CITY, TOWN (OR LOCATION OF D		9c. COUNTY	OF DEATH					
DIRECTOR	LORIEN NURSING HO	ME		COLUM	BIA		НО	HOWARD					
REC	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TION			10d, INSIDE CITY					
		BALTIMORE		BAL	TIMORE			LIMITS?					
FUNERAL	10a. STREET AND NUMBER 5225 GARMOUTH ROAI	D		101	2122	0		S.A.					
UNE		12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify Ve		BACE — American Indian,					
BY F	1 Never Married 2 Married 3 N Widowed 4 Divorced	FORCES? 1 YES	2 ZNO	If yes, sp	ecify Cuben, Mexico	en, Puerto Rican, etc.)		Black, White, etc.					
	15. DECEDENT'S EDUCA			1	-			WHITE					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +)												
IPL	8TH GRADE HOMEMAKER HOMEMAKING												
S S	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)												
BE (ROBERT CORCORAN					ZABETH SCH		10.142					
6	19e. INFORMANT'S NAME (Type/Print) DOROTHY WIBLE (NIECE) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5225 GARMOUTH ROAD - BALTIMORE, MD 21229												
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State												
	1 ☑ Buriel 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)					1 .		or Town, State					
	4 Donation of Other (Specify) NEW CATHEDERAL CEMETERY 7/13 BALTIMORE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC.												
	HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229												
	23. PART_L Effer the diseases, or con	mplications that saused	the death. Do no	t enter the mo	de of dying, suc	h es cardiac or resp	Iratory srrest	, Approximate					
	Interval Between Description of Cause Description o												
	disesse or condition resulting in death) s.	DUE TO (OR AS A	e a	Myt	luce	L		acute					
		DUE TO (OR AS A	CONSEDUENCE OF):					year					
0	Sequentially list conditions, if eny, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					7					
3	cause. Enter UNDERLYING CAUSE (Disease or Injury												
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEDUENCE OF):										
CERTIFICATION	d.,												
	PART II. Other significant conditions	contributing to death bu	t not resulting in	the undarlying	causa given in	Part I. 24a, WAS AN		24b. WERE AUTOPSY FINGINGS AMAILABLE PRIOR TO					
MEDICAL	alzhein	rer's der				1 🗆 YES :	1/	COMPLETION OF CAUSE OF DEATH?					
	DID TODA CCO LICE CONTROL	r wfact		entra			/	1 - YES 1 NO					
PHYSICIAN:	DID TOBACCO USE CONTRIL 25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEATH	(Check only one)	UNCERTAI	ишј							
SIC		OSPITAL:		THER:	s 5 □ Basidance	6 Other (Specify)							
H	27, MANNER DF DEATH	26e. DATE DF INJURY (Month, Day, Year)	28b. TIME	OF 28c. (NJI	URY AT	28d. DESCRIBE HOW	NJURY OCCUR	ED					
BY	Distural 5 Pending Accident Investigation			M 1 🗆 Y	ES 2 NO								
	3 Suicide 6 Could not be determined 28s. PLACE DF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28s. PLACE DF INJURY — At home, farm, street, factory, office City or Town, State)												
COMPLET	29e. CERTIFIER												
MP	298. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.												
	29b. SIGNATURE AND TITLE OF CERTIFIER			1									
BE	144,011000	De			29c LICENSE NUI	-7	► Z	GNED (Month, Day, Year)					
은	30. NAME AND ADDRESS OF PERSON WHO	MPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, P	rint)	- /	70 011	7	740					
	KOLOD RUBETT . 9501 Old Rusapolis Rd Elliut Ketz MD 21042												
	31. DATE FILED (Month, Day, Year)	Dayld A-A-Kord	X 2										
		(see -)	and the same										



State of Maryland / Department of Health and Mental Hygiene

20830
3. Tima of Daath
8:00 A.M.

Physician /Medical Examiner

Yaeı

Funeral Director

death with the Meryland filed within 72 hours effer

r than "naturel", or items 23a or 28a-f show the Medical Examiner must be notified at I Hygiene. Pages 1 end 2 should be filed wi timent of Health end Mental Hygien tant: If Item 27 is marked other th jury or other treumatic event, Ita

21215-0020

Baltimore, Maryland

P.O. Box 68760,

Division of Vital Records,

permit. Page Department o Important: If any injury or **Physician** /Medical **Examiner**

To the Hospital or Attending Physicien: The law requires that the death certificate be executed within 24 hours effer deeth.

To the Fureral Director: After this certificate has been signed by the ettending physician and completely filled in by the thursal director, page 2 should be delected for use as the buriel-trensit

by Be Completed John Physician/Medicai þ Completed Be Certification: To

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Deeth July 9, 1996 Ardrey Dorothea Champness 4a. Fecility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Meridian Cromwell Nursing Home Parkville Baltimore County | Falkville
| If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth | Months | Deys | Hours | Min. | Feb. 21, 9. Birthpiece (State or Foreign County) Mary Land 5. Social Security Number 7. Aga (In yrs. last birthday) 1□M 2XF Months 85 Yrs. 1911 219-03-4594 Usuel Residence of Decedent 10e State 10c. City, Town or Location 10b. County 10d. Insida City Limits Maryland Baltimore County Parkville 1 Yes 2 No Director 10e Street and Number 10f. Zip Code 10g. Citizan of Whet Country? 8710 Emge Road 21234 U.S.A. 12. Was Decadant Evar in U,S. Armed Forces? 1 ☐ Yas 2X No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuben, Maxican, Puerto Rican, etc.) 14. Race - Amarican Indien, Bleck, Whita, atc. 11. Maritai Status 1 Naver Married 2 Married 1 ☐ Yas 2X No Spacify: Specify: White 3 ☐ Widowed 4 ☐ Divorced Year or Dates: 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) Auditor Savings Bank 12th Grade 17. Fethar's Name (First, Middle, Lest) 18. Mother's Name (First, Middla, Malden Sumeme) Williams C. Grace Simpson 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 21234 19e. Informent's Name/Relationship (Type, Print) 9 Bexleigh Court, Apartment 104, Baltimore, Maryland Frederick John Champness 20b. Plece of Disposition (Neme of cematary, cremetory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, State 1 N Burial 2 □ Cramation 3 □ Removel from Stete Parkwood Cemetery 7/12/96 4 ☐ Donetion 5 ☐ Othar (Specify) Baltimore, Maryland 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21206 23a. Perf 1. Enter the disease, or complications that caused ha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heer failure. List only one cause on each line. Immedieta Cause (Finai diseese or condition resulting in death) Dua to (or es e consequance of) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In deeth) Lest Due to (or as e consequence of): Due to (or as e consequence of) Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Wiknown muclow Palsy 24b. Were eutopsy findings availabla prior to completion of cause of deeth? 24a. Was an eutopsy 1 Yes 2€No 1 □ Yes 2 □ No 25. Wes case referred to medical examiner? 26. Plece of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 Ho 1 Inpatient 2 ER/Outpatient 3 DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Day Yeer) 28h. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Medicai 29a. Certifier 1 Certifying Phyelcian: To the best of my knowledge, death occurred et the time, date end plece, end due to the cause(s) end menner es stated. 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, daath occurred et the time, dete end place, end due to the causa(s) end mennar stated. 29b. Signeture and title of certifian 29d. Date signed (Month, Day, Yaar) D21022 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) 8604 HARFORA KeWALEUSIU

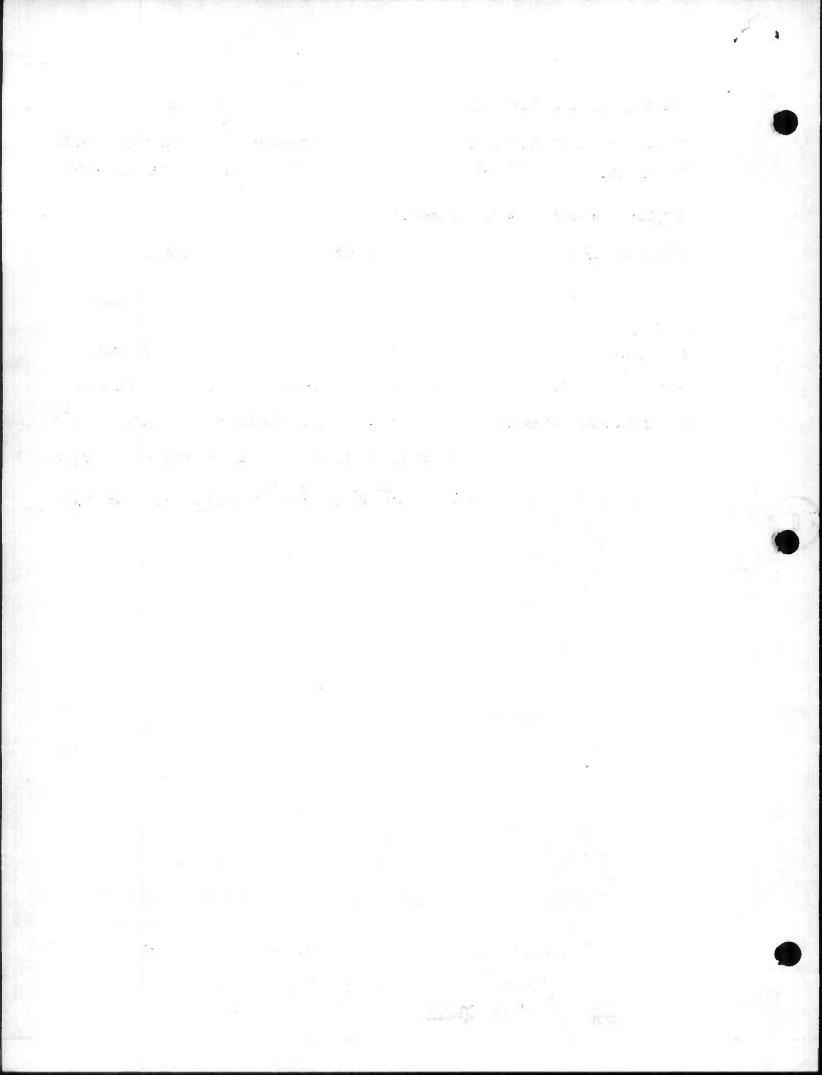
State

Registrar

31. Dete filed (Month, Day, Yeer)

32. Registrer's Signature

widon Randall



State of Maryland / Department of Health and Mental Hygiene

Physician /Medical Examiner

The law requires that the death certificete be executed siclan and buriel-trans Records. P.O. Box 68760, physiclan the ettending p ed by the e signed b should page 2 certificate of Vital or Attanding Physician: after deeth.
Director: After this certifica Division the

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Dete of Death 05,1996 **Physician** JULY ROBERT LEE EASON SR. 13:20 P /Medical 4a. Facility Name (If not institution, giva straat and number) 4b. City, Town, or Location of Daath 4c. County of Deeth **Examiner** 2528 ROBB ST. BALTIMORE 5. Social Security Numbar 6. Sax If Undar 1 Yaar | if Undar 24 Hrs. 8. Data of Birth Month, Pey, Year) FEB. 4, 1925 Birthplece (Steta or Foreign No. CAROLINA 7. Age (In yrs. lest birthday) **Funeral** X1 M 2 F Months Days Hours 71 225-22-9228 Yrs. Director Usual Rasidence of Decedent the Maryland 10a. State 10b. County ed other than "natural", or items 23a or 28a-1 show event, the Medical Examiner must be notified at 10c. City, Town or Location 10d. Inside City Limits MD Director n/a BALTIMORE 1)CYes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? "natural", or items 23a or 2528 ROBB STREET 21218 UNITED STATES Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☑ Xes 2 ☐ No If Yes, Give NAVY 11. Merital Status Was Decedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) Race - Amaricen Indian, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours effect. Department of Health and Mantal Hygiene. Important: if item 27 is marked other than "natural!. or incorportant: other traumatic event. 1 Navar Married 2 Married 1 ☐ Yes 2 ☐ No Specify: NAVY þ XX Widowed 4 Divorced Specify. Year or Dates: BLACK unk Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) MAINTENANCE HOUSING AUTHORUTY 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maidan Sumema) Be EUGENE EASON EVELYN EASON P 19a. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) ROBERT EASON 2528 ROBB STREET, BALTIMORE, MD 2128 20b. Plece of Disposition (Neme of cemetery, cramatory or other place) 20e. Method of Disposition 20c. Location - City or Town, State ₩ Buriel 2 Cremation 3 Ramovel from Stata CROWNSVILLE CEMETERY 7 - 154 ☐ Donetion 5 ☐ Other (Specify) CROWNSVILLE, MD 22. Name end Address of Fecility 21. Signeture of Funeral Service Licensee WM. C. MARCH FH.-1101 E. NORTH a ncia 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter tha mode of dying, such as cardiec or respiretory errest, shock, or heart feilure. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth Immediate Ceuse (Finel disease or condition resulting in deeth) Arterioscherotic Cardiovoscular chisease Due to (or as e consequence of) Physician/Medical Examiner Sequentielly ilst conditions, if eny, leading to immediate causa. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In daath) Lest Due to (or as a consequence of). Dua to (or as a consequence of) Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco uea contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☒ Probably 4 ☐ Unknown by 24b. Were eutopsy findings eveileble prior to completion of cause of daath? Completed 24e. Wes en eutopsy performed? 1 X Yes 2 □ No 1 No Yas 2 No Be 25. Wes case referred to medicel exeminar? 26. Piece of Deeth (Check only one) Hospitel: Other: 4 ☐ Nursing Homa 5X Residance 6 ☐ Other (Specify) Certification: To 1X Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28a. Dete of Injury (Month, Day Yeer) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident To the Hospital or Attai within 24 hours after der To the Funeral Director complataly filled in by the 3 Suicide 6 Could not be determined Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, State) 4 Homicide 29a. Certifier 1 Certifying Phyelcian: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and menner es steted.

2X Medicat Examiner: On the bests of examinetion end/or Investigetion, In my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner steted. Medical (Check only one) 29b. Signatura and titla of certifier 29c. Licanse number 29d. Date signad (Month, Dey, Year) J. Wright MD OCME JULY 06,1996 ted cause ot deeth (Item 23e) (Type, Print) DONALD G. WRIGHT WD 111 Penn Street, Baltimore, Maryland 21201

State Registrar

32. Registrar's Signature 31. Date filed (Month, Day, Year) 244 and fandall West of a few And the second of the second o

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 20832

					Cer	tificate of	Death		Reg. No.			
Physic	ian	Decedent's Neme (First, Middle, La						2. Dete of De Month	eth Dev	Yeer	3. Time of Death	
/Medi		HARRY ELMER	ENGLES					JULY	10	1996	2:12 PM	
Examir	ner	4e. Fecility Neme (If not Institution, given ST. AGNES HOSPIT.		_				IMORE		unty of Death N	A /A	
Funeral Director		5. Sociel Security Number 6. S 705-03-9560 Usuel Residence of Decedent	THAT SOLE	e (In yrs. lest b	Yrs.	If Under 1 Year Months Days		8. Date of Bir (Month, Da DEC • 26	th 19, Year) 1910	9. Birth Cou BA	hplace (State or Foreign unity) LTIMORE, MD	
show show		10e. Stete 10b. County		10c. City, Tov	vn or Loc			10d. inside City Lim				
o Ma Barts pulliped	Director	MD BALTIM	ORE			LANSDOW	NE				1 ☐ Yes 2 🖺 No	
death with the Maryland rrs 23s or 28s-f show rrsust be notified at	ral Dire	10e. Street end Number 2235 SMITH AVENU	E			10f. Zlp Code	1227		10g. Citizen	of Whet Cou	untry?	
or its	by Funeral	11. Maritel Stetus 1 □ Never Married 2 X Merried 3 □ Widowed 4 □ Divorced	12. Wes Decedent E Armed Forces? 1 ☐ Yes 2次 N If Yes, Give Yeer or Detes:			Ves Decedent of Yes, specify Cut ☐ Yes 2☐MNo	Hispenic Orlgin? (Speen, Mexicen, Puerto Specify:	pecify Yes or No Ricen, etc.)		Race - Amer Bleck, White Boothy: WHI	e, etc.	
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O 2012		20e. Method of Disposition 1		cemete	ery, crem	sition (Neme of setory or other ple GE MEMOR	CIAL PARK	Dete 7/15/96	20c. Locati ELKRI	on - City or T	Fown, State	
Baltim permit. Par Department Important: any injury once.		21. Signature of Fundral Service User	Shan	100		Name end Addr	ess of Fecility UNERAL HOM	E INC.	IODE A	νD 21	229	
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f Vital ysician: Th s certificate director, pag	Be	25. Wes cese referred to medicel exeminer?	Hospital:			100	26. Place of Dee	th (Check only	one)			
On of ling Phys After this funeral di	tion: To	1 Yes No 27. Manner of Deeth 1 Neturel 5 Pending investigation	Hospitel: 1 Inpatter 28e. Dete of Injury (Month, Dey	-	utpetlent Time of Injury	28c. Inju		ome 5 ☐ Resi 28d. Describe			ify)	
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Division To the Hospital or Attend within 24 hours effer dealt To the Funeral Director: completely filled in by the	edical C	29a. Certifier (Check only one) Certifying Ph	yelclan: To the best of linar: On the basis of end menner ste	exeminetion er	e, deeth nd/or inve	occurred et the ti estigetion, in my	ime, dete end plece, opinion, deeth occur	end due to the red et the time,	ceuse(s) end date end pla	l menner as ce, end due	steted. to the ceuse(s)	
To the within 2 To the comple	Me	29b. Signeture end title of certifier				29c. Licen	se number		29d. Date si	gned (Month	n, Dey, Year)	
6		30. Name and address of person who	Sauce of de	olusty eth (Item 23e)	(Type, F	Print) DR.	3306 JEANNINE	SAUNDE	Tale	10	1996	
		Ust Agne	s Has	J. Q.E	2	90	o Cat	100	AUL	nu		
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State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Month Edith G. Edmonston 11 1996 5:20AM /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Cherrywood Rehabilitation Center Reisterstown Baltimore If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplace (Stata or Foreign Country) **Funeral** Months Deys 1 □ M 2 □XE 212-40-6506 Yrs Director 88 2/8/1908 Baltimore Usuai Residence of Decedent with the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or Items 23a or 28a-f show the Medical Examiner must be notified at MD Baltimore Woodlawn, Maryland Director 1 ☐ Yes 2 ☐ No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 2105 KennicottRd. 21244 deeth USA 11. Merital Stetus 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. filed within 72 hours efter 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 1 Never Merried 2 Married Amore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: White þ 3 ☑ Widowed 4 ☐ Divorced "natural" Completed 15. Decedent's Education (Specify only highest greda complated) 16b. Kind of Business/Industry 16e. Decedent's Usuel Occupation (Giva kind of work done during most of working lifa. DO NOT use ratired) i Hygiene. Elementary/Secondary (0-12) Coilege (1-4or 5+) Her own Home 12 yrs Housewife Peges 1 and 2 should be filed venent of Health and Mental Hygie int: If Item 27 Is marked other 1 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maidan Sumame) Ellsworth A. Brooks Etta Hayes 19a. Informant's Nama/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Numbar, City or Town, Stata, Zip Coda) Hazel V. Lambert 2105 Kennicott Rd. Woodlawn, Md. 21244 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 6 t Buriai 2 ☐ Cremation 3 ☐ Removal from Steta Department of Important: If any Injury or once. 4 ☐ Donation 5 ☐ Other (Specify) Evergreen Mem.Gardens 7/13/96 Reisterstown, Md. 21. Signature of Funeral Service License 22. Name end Address of Fecility Ba Truman Schwab Funeral Home P.A. Ku G. G. Truman Schwab 5151 Balto. Natl. Pike, Baltimore, Md. 21229 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Death **Physician** /Medical Immediate Causa (Final disease or condition resulting in death) **Examiner** Examiner 2 the buriel-transit certificate be executed Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last pue Due to (or es e consequence of): ettending physician for use es the burie P.O. Box 68760, Physician/Medical Due to (or es e consequence of): signed by the eld Part II. Other significant conditions contributing to death but not resulting in the undariying cause given in Part I. 23b. Did topfacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown MONW Division of Vital Records. þ been sig 24b. Were eutopsy findings eveilable prior to completion of cause of death? Completed 24e. Wes en autopsy hes certificete 1 ☐ Yes 2 PNO 1 ☐ Yes 2 ☐ No Be 25. Was case reterred to medicei 26. Place of Death (Check only ona) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA spital or Attanding Physhours after death.
neral Director: After this y filled in by the funeral di this 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how injury occurred Certification: 28c. injury at Work? 1 Naturei 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Couid not be determined 3 Suicide 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Spacify) 28t. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide To the Hospital o within 24 hours af To the Funeral Di completely filled in 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier edical (Check only one) 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) 29c. License number MD Complete causa ot death (Item 23a) (Type, Print) 30_Name and address of person who/comple 5310 Old Cout Road MD um 31. Date tiled (Month, Day, Yaar) State Registrar

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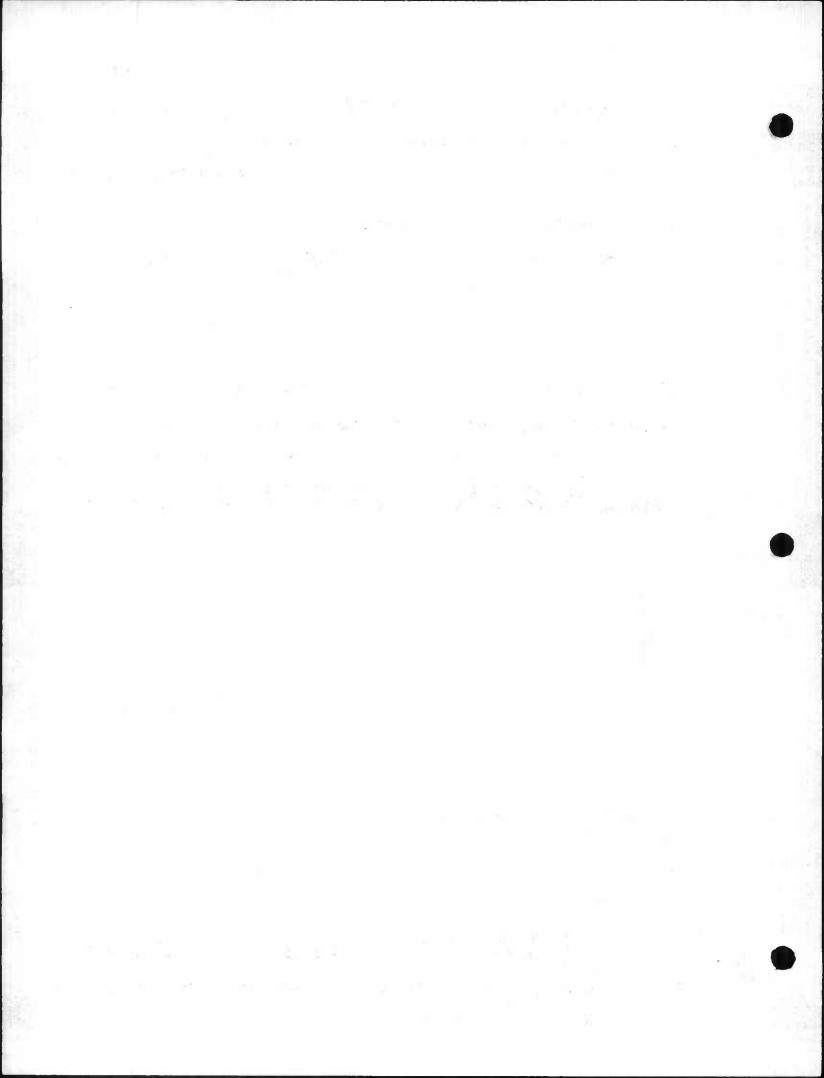
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Certificate of Death

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State of Maryland / Department of Health and Mental Hygiene 9 6 20835

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2 0 0 0	To Be	Edwin Morr	is F	oard			Cathe			auli			Brown	
d 2 should th and Men 7 is marke treumatic	-	19e. Informent's Neme/Reletionship	(Type, Print)	19b.	Meiling A	Address (Stree	et end Numbe	er or Rura	l Route Numi	ber, City o	r Town,	Stete, Zip	Code)	
permit. Pages 1 and Department of Health Important: If item 27 eny injury or other tr		Rita Agnes Foard/Wife 7167 Greenwood Avenue, Baltimore, Maryland 212 20a. Method of Disposition 1 Burlal 2 Cremetion 3 Removel from State 4 Donetion 5 Othar (Specify) 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 7/15/96 Garrison Forest VA Cemetery 21. Signature of Funerel Sarvice Licensee 22. Nama and Address of Fecility												
Depa Impo		23a. Parti. Enter the disease, or co	m ha	goldy d the death Dor	John 6415	n C. Mi Belai	ller, r Road	Inc.	ltimor	e, M	aryl	and 2	Approximete	
Physician /Medical Examiner		Immediete Ceuse (Finel disaesa or condition resulting in deeth)	e. <i>Hy</i> //	PERCI	920	EMI						1	Intervel Between Onset end Death	
certificata be axecuted nding physician and usa as the burial-transit	Medical	2												
as that tha daath ce igned by tha attand be datached for us	Physician/	Pert II. Other significant conditions	contributing to death	but not resulting in	tha under	rlying cause g	iven in Pert I	l.	23b. Did tobacco use contribute to the cause of de					
requiras that t een signed by hould be data	P								1	Yes 2	No	3 Prob	ably 4 Unknow	
has b	Completed								perf	s an autor formed?		eva	are autopsy findings allable prior to appletion of cause deeth?	
delan: The is cartificata ha rector, paga		25. Was case referred to medical									2No	1	Yes 20 No	
	To Be	examiner?	Hospitel: Inpat	ient 2 ER/Ou	in atlant 1	3 DOA	ther _		(Check only		c 🗆 🗆	on (Conneils		
Attending Physic death. •ctor: After this by the funeral d		27. Menner of Deeth 1. Neturel 5 Pending 2 Accident Investiget	28a. Dete of Inj (Month, D		Ime of	28c. Inju		2	ne 5□Res 28d. Describe				7	
교육하	Certification:	3 Sulcide 6 Could not determine	d 286. Pleca of in building, e	ijury - At home, te tc. <i>(Spacify)</i>					City or To	own, State)		l Route Number,	
To the Hospital within 24 hours To the Funeral completely filled	fedical	(Check only 2 Medical Excore)	hysician: To the best miner: On the basis end menner s	of examinetion end	deeth occ Vor Investi	igation, in my	opinion, dee	nd plece, e oth occurre	end due to the	, dete end	f plece, e	end due to	the cause(s)	
To	×	29b. Signature and bills of certifiar	Medial y	penali	it	29c. Licar	sa number	20		7	te signed	(Month, 1)	Dey, Year)	
IVA	+	30. Name end eddrass of person wh	completed cause of	deeth (Item 23e) (Type, Prin	duar	Ba	llem	we,	All	10			
SI	ate	31. Dete tiled (Month, Dey, Yeer)	32. Regist	rer's Signeture		0								

State of Maryland / Department of Health and Mental Hygiene

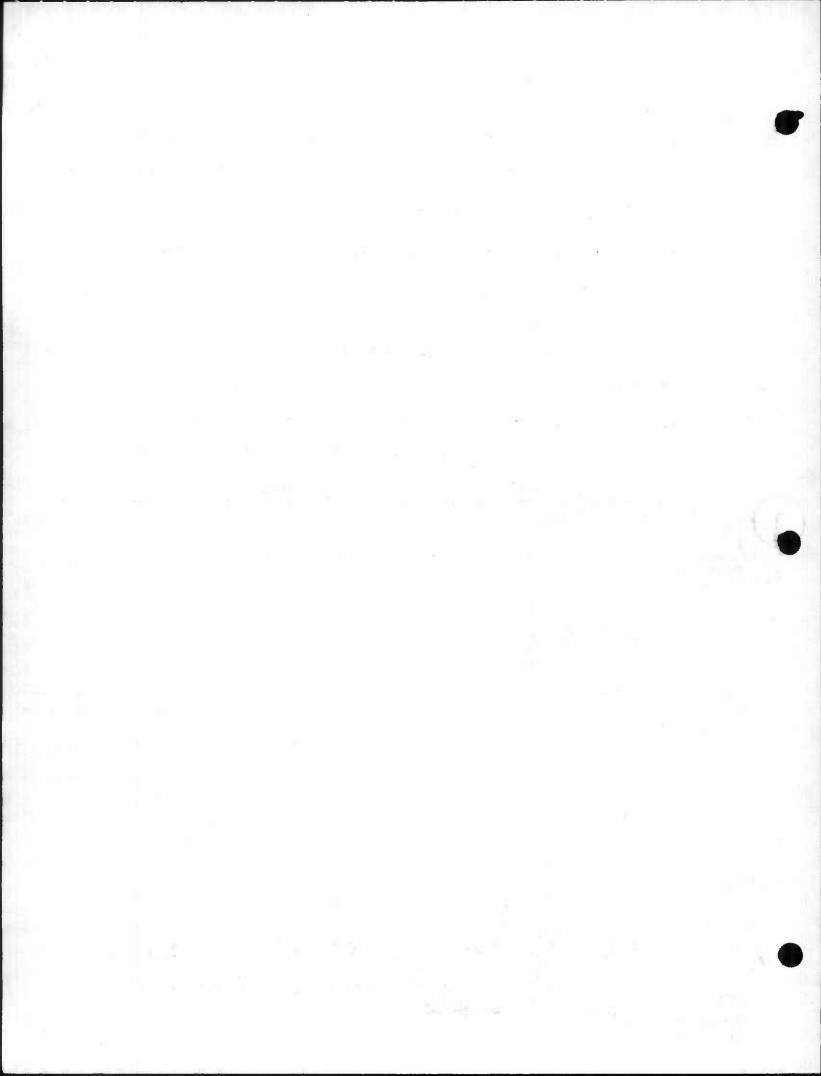
96

20836

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Dete of Daath 3. Time of Death **Physician** July 11, 1996 Julie Lynn Figuli 4:45 A.M. /Medical 4a. Fecility Nema (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Daath Examiner 7923 Della Rosa Court Pasadena Anne Arundel 5. Social Security Number 7. Aga (In yrs. last birthday) 29 Yrs. If Undar 1 Yaer 8. Data of Birth (Month, Day, Year) Oct. 22,1966 If Undar 24 Hrs. Birthplace (State or Foreign Country)
 Montana Funeral Months 1□M 2□VE Days 213-92-3654 Director Usual Rasidance of Decadant death with the Maryland 10a Stata 10b. County 10c. City. Town or Location 28a-f show 10d. Insida City Limits the Medical Examiner mant be notified at Anne Arundel Pasadena MD Director 1 Yas 27 No 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 23a or : USA 7923 Della Rosa Court 21122 Funeral items ; 12. Was Dacadant Ever in U,S. Armad Forcas? Was Decedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Raca - Amarican Indian, Black, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mantal Hygiene. Important if them 27 is marked other than "natural", or itel any injury or other traumatic event, the Medical Evancina page. Yas 2 No 1 ☐ Navar Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: White Be Completed by 3 Widowad 4 Divorced Yaar or Datas: 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry College (1-4or 5+) Elemantary/Secondary (0-12) Dept. of Defense Investigator 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middle, Maiden Sumema) Sandra Guardado Robert Garrick 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 7923 Della Rosa Court, Pasadena, MD 21122 Christopher J. Figuli 20b. Placa of Disposition (Nama of cematary, crematory or other p 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☑ Cramation 3 ☐ Removal from Stata Metro Crematory 7/13 Baltimore, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Service Licenses 22. Nama and Addrass of Facility Hardesty Funeral Home, P.A. 12 Ridgely Ave. Annapolis, MD 21401 Enter the disease mons that caused the daeth. Do not enter the mode of dying, such as cardiac or raspiretory errast, Approximata Intarval Batween Onsat and Death Paysician Immediata Causa (Final diseasa or condition rasulting In death) /Medical Examiner Physician/Medical Examiner The law requires that the death certificate be executed the burial-transit Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Diseasa or Injury that Initiated events rasulting in daath) Last Dua to (or as e consequança of): P.O. Box 68760. Dua to (or as a consequance of): for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. be detached 23b. Did tobacco use contribute to the cause of death? à Mo 3 Probably 4 Unknown Division of Vital Records. ģ 24b. Were autopsy findings evellabla prior to completion of causa of daath? fillad in by the funeral director, page 2 should Completed 24e. Wes en eutopsy certificate has 1 Yes & NO 1 ☐ Yes 2 ☐ No ual or Attending Physician: The safter death. Be 25. Was casa rafarred to medical axaminar? 26. Placa of Death (Check only ona) Other: 4 Nursing Home 5 Presidence 6 Other (Specify) 1 Yas ZENo 10 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Death 28a. Data of Injury (Month, Day Year) Medical Certification: 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred Natural 5 Panding Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicida 6 ☐ Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicide To the Hospital within 24 hours a To the Funeral Complately filled Hospital 15 Certifying Physician: To the best of my knowledge, death occurred at tha tima, data and place, and dua to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, daath occurred at the time, data and place, and dua to the cause(s) and manner stated. 29a. Certifian (Check only one) 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) W 30. Nama and addrass of person what causa of daath (Itam 23a) (Type, Print) 9203540201 SAMULL PARK

State Registrar 31. Data filed (Month, Day, Year)



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HOSP	FUNE	within	TANT
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after that. Page it may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the innerial innerial magnet have been signed by detactive	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
		_	_

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	1. DECEOENT'S NAME (First, Middle, Last)				J	1 100000000		E OF OEATH			3. TIME OF OEATH		
		Goldstein					Moi	7 7	AY C	76	115	м	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. las		IF UNDER 1 YEA		s. 7. DAT	E OF BIRTH		8. BIRTN	IPLACE (State or lioreign	n	
	082-05-7670	1 M 2 X F	78	YRS.	MONTHS DAY	B HOURS MIN	" JÄN	nth, Day, Year)	918	Countr	New York		
~	9a. FACILITY NAME (If not institution, give str				9b. CITY, TOW	N OR LOCATION OF	F DEATN		9c. COUN	TY OF D	EATH		
DIRECTOR	Fairland Adventis	t Nursing	Home		_Silv	er Sprin	ıg		M	onto	jomery		
E	10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LO	CATION					10d. INSIDE CITY		
ä	Md. Montg	omerv		01n	ev						LIMITS?		
AL	10e. STREET AND NUMBER			02	7	10f. ZIP CODE			10g. CITIZ	EN OF W	WHAT COUNTRY?	_	
FUNERAL	18328 Queen Eliz	abeth Driv	е			20832				USA			
2	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. ARI	WED	13. WAS I	ECENDENT OF HIS	PANIC ORIG	IN? (Specify Yes	or No-	14. RACE	- American Indian.		
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OF			1 🗆 1	ES 2 NO Sp	ecify:	o Rican, etc.)		Speci	t, White, atc.		
	15. DECEDENT'S EDUC	ATION	18a DEC	PEDENT'S II	SUAL OCCUP	71011					white		
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	/Gir	re kind of wo Do NOT use	dr done during	most of working	100	ib. KIND OF BU	SINESS/INDU	JSTRY			
립	12	3011090 (1-4 01 3 4)	Но	omemal	ker			Own H	ome				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First	Middle, Maiden					
BE (Isidore Lieshitz					Mary	Matli	.ck					
2	19a. INFORMANT'S NAME (Type/Print)					et and Number or Ru							
- 1	Sam Goldstein – Hu	sband	18	3328 (Jueen	Elizabet	h Dr.	, Olne	y, Md	. 2	0832		
	20a, METHOO OF DISPOSITION 1 X Burlal 2 Cremation 3 Remove	val from State	cemetery, cren	natory or othe	DISPOSITION or place)	Name of			CATION - C		11115		
	4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE UCE	NSEE	New Mo	ntef:		ANO ADDRESS OF	7/1	4 Pi	<u>nelawı</u>	a, N	ew York		
	12.	0.00						uneral	Home	of	Elk., Inc		
\dashv	22 DART LEAVE II	mula		-	15695	Main St.	El	kridae	. Md.	21	227		
	23. PART I. Enter the diseases, or co shock, or heart failure. Li	iat only one cause or	sed the dea esch line.	ith. Do no	t enter the	node of dying, a	uch aa ca	rdiac or reapi	ratory arre	at,	Approximate interval Between	an	
	iMMEDIATE CAUSE (Final disease or condition	Paris	/								Onset and De		
	resulting in death)	DEUM OUE TO JOR AS	S A CONSEC	UENCE OF							7 days	ŝ.	
z		11 1.	/ASC		· D	sease					Vara		
음	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	A CONSEO	UENCE OF):							YCAYS	>	
<u>5</u>	CAUSE (Disease or injury	Severe OUE TO (OR AS	Ost	eop	oros	15					Veac	5	
RTIFICATION	that initiated eventa	POUE TO (OR AS	A CONSEC	JENCE OF):	1 4	11.					V		
	d.	Meum	atoi	a	HCTH	ncitis					Year.	S	
AL	PART II. Other algnificant conditiona	contributing to death	but not re	aulting in	the underly	ing cause given	In Part I.	24a, WAS AN		24b.	WERE AUTOPSY FINDING	GS	
	JY FANCY+ODER	119						PERFOR			AWAILABLE PRIOR TO COMPLETION DF CAUSE		
MEDIC	Major Depressi	ive Disc	nde	r			-		65		OF DEATH? 1 YES 2 NO		
ž I													
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		10	26. OTHER:	PLACE OF OEATH (Check only o	ne)					
HYSICIAN:		1 Inpetient 2 II ER/O		DOA 4	Nursing H	ome 5 🗆 Residenc	a 8 🗆 Oth	er (Specify)					
2	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME (Y	NJURY AT WORK?	28d. OE	SCRIBE HOW II	NJURY OCCU	IRED			
6	2 Accident Investigation 3 Suicide S Could not be	280. PLACE OF INJUI	RY At hom	a form stre		YES 2 NO	201.10	DATION (O)		-		_	
	4 Nomicide 8 Could not be determined	building, etc. (Sc	pecify)	,	ot, actory, or		Crh	CATION (Street a or Town, State)	nd Number o	r Hural Pic	oute Number,		
ן נ	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI.	AN: To the heet of my ko	wieden des	th assumed	et the time of							_	
٤	(Check only one) 2 MEDICAL EXAMINER:	On the basis of examinar	lon and/or in	vestigation,	in my opinion	death occured at t	he time dat	use(s) and man	ner as stated	f.	and manner on stated		
3	29b. SIGNATURE AND TITLE OF CERTIFIER							T and preca, and					
	Patricia S. 7	Armstr	MA	- 1	1.0	7) 4 C	061	0	▶A 7	SIGNED	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF I	DEATH WE	27) (Type, Pr	int)	10/2	1 4	0	0/		19	_	
	TATRICAR-S. HA	autong,	MA	1440	10 C	Yerry A	InG	+ +100	LA	1 RC	L. Md.		
	31. OATE FILED (MONTE) DIOGE	wie Burdyn	April Day	2		7		0	/ 0/			-	

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 6876

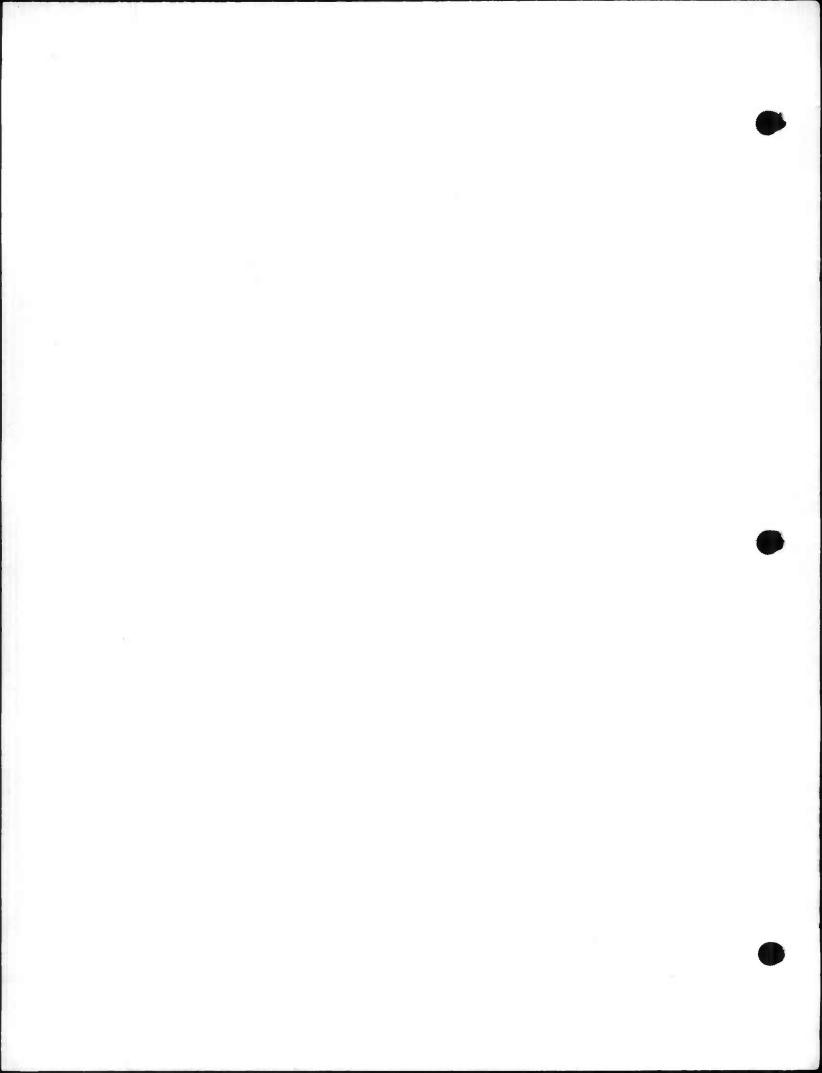
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF I) / DEPAR CERTIF					MENTAL	HYGIEN			
	1. DECEDENT'S NAME (First, BESSIE	Middle, Last)	MARIE		GUN	IN				2. DATE OF DEATH MONTH DAY YEAR July 9, 1996				3. TIME OF DEATN 9:20 A M
	4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (In yrs. 94		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (OF BIRTH	.902	3. BIRTHPLACE (State or Foreign W. Va.	
E CH	90. FACILITY NAME (If not in Dulaney Tow		treet and number)			9b. CITY, TOWN OR LOCATION OF O								more
5	RESIDENCE OF DEC	10b. COUNTY	,		Lancara	Y, TOWN (
DIRECTOR	Md.		imore		100. 011	T, IOWN	Tows	son						10d. INSIDE CITY LIMITS? 1 YES 2 NO
¥	10e. STREET AND NUMBER						101	. ZIP COD				10g. CITI	ZEN OF W	MAT COUNTRY?
FUNERAL	111 West Rd 11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDEN	IT EVER IN U.S.					OF HISPAI	NIC ORIGIN	7 (Specify Yas		. S . A	- American Indian,
ž R	3 XWidowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: White 15. DECEDENT'S EDUCATION 166. DECEDENT'S USUAL OCCUPATION 166b, KIND OF BUSINESS/INDUSTRY													
COMPLETE	Specify only highest grade completed) College (1-4 or 5+) College (1-4 or 5+) 10 Receptionist YWCA Specify only highest grade completed) Receptionist YWCA Specify only highest grade completed Specify only highest grade completed (Give kind of work done during most of working life. Do NOT use retired.) YWCA YW													
N P	10				Recept	cioni	.st							
BE CO	17. FATHER'S NAME (First, M James	Tildo	n	Mu	ncy			L	ydia	ı	fiddle, Maiden		Hob	bs
2	19a. INFORMANT'S NAME (7	.,									oer, City or Town			
	Donna Sills 20a. METHOD OF DISPOSITE 1 Deviate 2 Crematic	ION on 3 1/2 Rom	oval from State		CE AND DATE	OF DISPOS	SITION /Na		P	DATE		CATION —	City or To	
	4 Donation 5 Other		PARTY		on Cer	neter	У			7/9	6 I	Dixon	, Te	nn.
	22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204													
	23. PART I. Enter the di shock, or hi IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fellure.	e. COLO	use on eech	line.				Ing, suc	th sa card	liec or reapl	ratory arr	rest,	Approximata interval Between Onset end Deeth
HILLCATION	Sequentially list condition in the court of	iona, diate ING iry	a Sei OUE TO M	OF AS A CON	ISEQUENCE O	dis	1	A	· ·	hne	d		·	
DICAL CE	PART II. Other significe	mt condition	e contributing to	death but no	ot resulting	In the u	nderlyIn	g couse	given in	Part I.	24a, WAS AN PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	DID TOBACCO U	beach ISE CONT		USE OF D	EATH Y	ES 🗆	NO E	LUNC	ERTAI	N 🗆				1 YES 2 NO
A	25. WAS CASE REFERRED TO				LACE OF DEA									
2	EXAMINER?		HOSPITAL: 1 Inpetient 2	☐ ER/Outpetien	1 3 🗆 DOA	OTHE	R: Ning Non	ie 5 □ R	asidenca	6 C Other	r (Specify)			
BY PHY		Pending Investigation	28a. DATE OI (Month, L	F INJURY Day, Year)	28b. TIA	ME OF JURY M	WC	URY AT PRK? YES 2	NO	28d. DES	CRIBE NOW I	NJURY OC	CUREO	
	2 October	Could not be determined	28s. PLACE (building	of INJURY — A , etc. (Specify)	t home, farm,	street, tac	tory, offic	a			ATION (Street a or Town, State)		or Rural F	Route Number,
COMPLETED	one) 2 MED	ICAL EXAMINE) and menner as stated.
O BE	296. SIGNATURE AND TITLE	OF CERTURIE	rileti	59.4	0			-	30			29d. DAT	F SIGNED	(Month, Day, Year) 7 - 9 6
=	SITAH (D	F PERSON WN	S (SD(SE OF OEATH	(ITEM 27) (Type	a, Print)								
	JUL 1 2 199	6 f	La Law door	AR AGNATUS	2									

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	Pages
	5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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certificate be executed within 24 hours are destribing a may be retained by the hospital or attending physician	ding physician and completely filled in the
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DIVISION OF VITAL RECORDS, P.O. BOX 68760 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hold are death from a metrified by the attending physician and completely filled in the configuration and sold liked in the state death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove the part with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove the marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR	RTMENT OF I	EALTH AND DEATH	MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) Paul Earl	Hill				MONT	OF DEATH		YEAR 3	. TIME OF DEATH 5:40A M	
	4. SOCIAL SECURITY NUMBER 218-10-9916	IF UNDER 1 YEAR MONTHS DAYS	1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH				8. BURTHPLACE (State or Form				
H	9a. FACILITY NAME (If not institution, give st VA Maryland Hea	277		OR LOCATION OF D	EATH	11/	9c. COUNTY OF DEATH				
CTO	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY			Point			C	ecil			
DIRECTOR	MD n/a			Y, TOWN OR LOCA BALTI			Dd. INSIDE CITY LIMITS? TES 2 \(\bar{\text{NO}}\) NO				
3AL	100. STREET AND NUMBER		10f. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	1003 BILLIE	HOLIDAY COURT 12. WAS DECEDENT EVER IN U.		21213 MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify V.					UNITED STATES		
B≺	1 Never Married 2 Married 3 Wildowed 4 Dyvorced	2 □NO s -47	If yea, specify Cubers, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:						14. RACE — American Indian, Black, White, etc. Specify BLACK		
COMPLETED	16. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of ville. Do NOT us	USUAL OCCUPATION work done during mo	ON st of working	166	KIND OF BUS	SINESS/INDU	STRY		
APLE	Elementary/Secondary (0-12) 12 th	College (1-4 or 5+)		NITATION	WORKER		CI	TY of	BALT	IMORE	
BE CON	17. FATHER'S NAME (First, Middle, Lest) JAMES PERRIN		18. MOTHER'S NAME (First, Middle, Malden Surname) JANIE								
TO E	194: INFORMANT'S NAME (Type/Print) MARILYN CARROLL		19b. MAILING 2707	ADDRESS (Street &	nd Number or Rural Y AVENU	Fig. MD	BALT	n, State, Zip C IMORE	, 212	15	
	4 Donation 5 Other (Specify)	1 (X Burial 2 Cremetion 3 Removal from State Complete Cremetor or other place)									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE WM. C. MARCHF H. – 1101 E. NORTH A										
	immediate Cause (Fine) immediate Cause (Fine) disease or condition a. Bladder Cancer a. Bladder Cancer									Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL (PART II. Other algnificent conditions	not resulting I				PERFORMED? 1 YES 2 NO		AN CC	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
	DID TOBACCO USE CONTR				UNCERTAI	N 🗆					
SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	26. HOSPITAL: 1 Xinpatient 2 ER/Outpatie		OTHER:	0.00	0.000					
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW IN WORK?					NJURY OCCURED			
B≼	2 Accident Investigation	Accident Investigation									
TED	3 Suicide 8 Could not be 4 Homicide determined										
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: Dn the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										
S H	MANUATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI					ED (Month, Day, Year)		
2	W(E)			D32395							
	30. NAME AND ADDRESS OF PERSON WHO Thomas Finucan	M.D. Perr	y_Point	Print) , MD 219	902						
	JUL 1 2 1996	A CHASTRATION OF									



State of Maryland / Department of Health and Mental Hygiene

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Amended: item #31 see item #32 per DVR, (Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Leonard Carl Jackson July 9, 1996 8:04 P.M. /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 4608 Cedar Garden Rd. Baltimore n/a 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Yeer | If Under 24 Hrs. 9. Birthplece (State or Foreign Country) **Funeral** Deys Months 1√2 M 2□ F Hours 022 36 7665 Yrs 44 Director 5, 1952 Massachusetts Usual Residence of Decedent the Maryland 10e. Slate 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be nothined at 10d. Inside City Limits Maryland n/a Baltimore Director 1 XYes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4608 Cedar Garden Rd. 21229 United States Funeral filed within 72 hours after deeth 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 21215-0020 1 ☐ Yes 2 X No Specify: by Specify: White 3 Widowed 4 Divorced Completed 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Hygiene. College (1-4or 5+) 12 Non-profit Organizatn. Director Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Pages 1 and 2 should be 1 nent of Health and Mentel I merked Robert Allan Jackson Sybi1 Minkin 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) of Health a James L. White / companion 4608 Cedar Garden Rd., Baltimore, MD other more. 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State = 6 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State Department important: If any injury or 4 Donetion 5 Other (Specify) Green Mount Crematory 7/10/96 Baltimore, MD 22. Neme and Address of Facility CAFA Stephen D. Lohrmann P.A. 8717 Green Pastures Dr., Baltimore, MD shock, or heart failure. List only one cause on each line. Approximate
Interval Between
Onset and Death **Physiclan** /Medical Immediate Cause (Final disease or condition resulting in death) Kespiratore 5 minutes Examiner month Lymphoma The law requires that the death certificate be axecuted Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last burial-tran Box 68760, 155eminated MAC Physician/Medical the Due to (or as e consequence of): signed by the at d be detached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24a. Was an autopsy performed? 24b. Were autopsy findings evaileble prior to completion of cause of death? peen hes this certificata 1 Yes 2 No 1 ☐ Yes # No i or Attending Physician: after death.
Director: After this certifica Be 25. Wes case referred to medical 26. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ENOutpatient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify) 2 1 Yes 2 No To the Hospital or Attending Physical within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral directorial. 27. Manner of Death 28c. Injury et Work? 28d. Describe how injury occurred Certification: 28e. Date of Injury (Month, Day Year) 28b. Time of 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 | Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end plece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Day, Year) Saiditto ITCH - CROVO and eddress of person who completed cause of death (Item 23e) (Type, Print) BARDITCH - CROVO 31. Dete filed (Month, Day, Year) State Julia Davidson-Randall. Registrar

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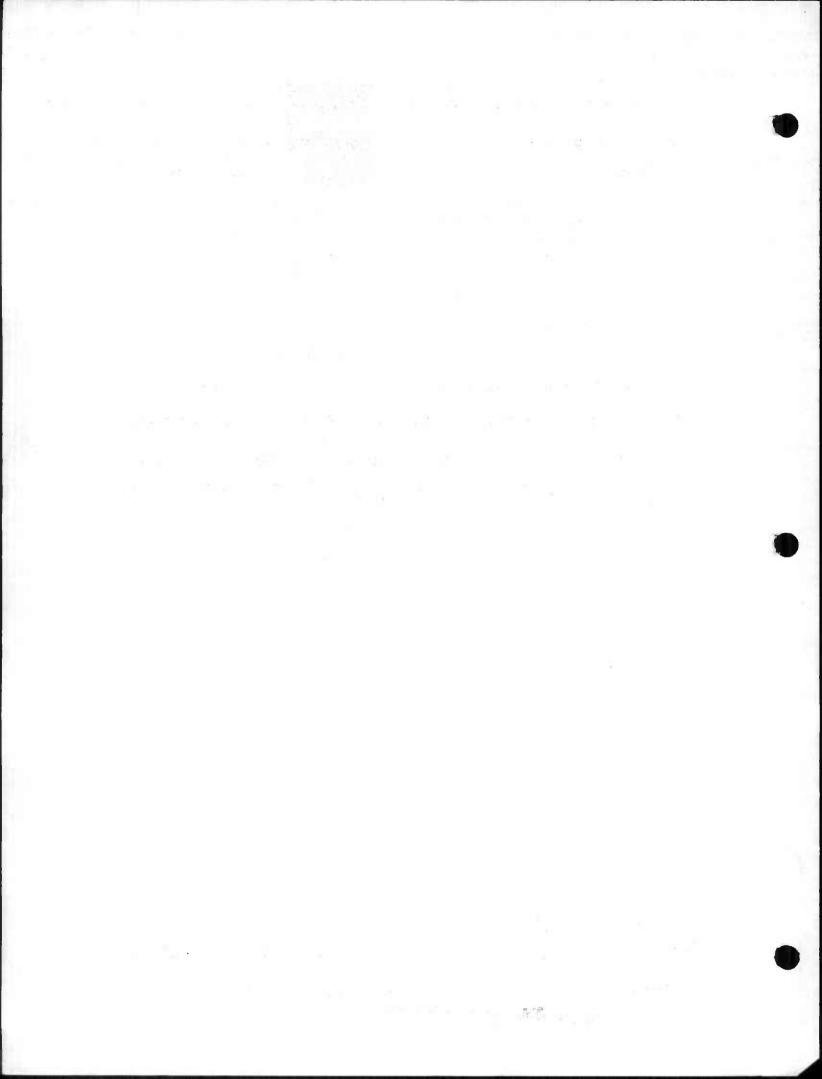
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*	Physic /Medi		1. Decedent's Nema (First, Middle, Last William	2. Data of De JULY	looth Day Year		3. Tima of Death 1:00 PM						
)	Exami		4a. Facility Nema (If not institution, giva				4b. City, Town, or						
Ш			809 Midship Co			If Under 1 Year	Annapo	Anne Arundel					
	Funeral Director		Months Days Hours Min by 12 Day Year)								9. Birthplece (Stete or Foreign Country) Virginia		
	land		10a. Stete 10b. County		10c. City, Town or Lo	ocation				1	0d. Inside City Limits		
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	94 th	Directo	10e. Street end Number			10f. Zip Code)		10g. Citizen of	What Cour	ntry?		
20	23a									1			
	permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Haatih and Mantal Hygiane. Important: If item 27 is marked other than "natural", or items 23e or 28e-f show any injury or other traumatic event, the Medical Examiner must be neglied at once.	y Funerai	Amed Forces? 1 Never Merried								Amarican Indian, White, etc. White		
9	2 hou	bed	15. Decedent's Edu	cetion	16e. Dece	dent's Usuel Occ	cupation	- IV-	16b. Kind of B	Susiness/Inc	dustry		
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Baltimore, Maryland 21215-0020	and 2 sho saith and 27 is me er traum		19e. Informent's Neme/Reletionship (T) Phyllis Hughes Joh				etend Number or R Court Ann				Code)		
	of Harrich		20e. Method of Disposition 20b. Place of Disposition (Nema of cemetery, cremetory or other place) 20c. Location - City								City or Town, Stete		
Ē	Pagiment		4 Donellon 5 Other (Specify) Metro Crematory, Inc. //11/96 Baltimore										
Ra	Depariment of the control of the con		21. Separation of Funerel Service Licensee Dawn F. McDonald Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21228 23a. Pertl. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardlec or respiratory errast, Intervel Between Intervel Between										
	Physician /Medical Examiner			Res							Intervel Between Onset end Deeth		
		Der		DR	erry	quence or):				1			
,09	e be executed siclan and burial-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying		Due to (or es a consec	quence of):							
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	that the ned by the detach							1 🗆	Yes 2□ No	3 Proi	bably 4 Unknow		
ecords,	ew requir is been s 2 should	Completed by							en eutopsy rmad?	COL	ere eutopsy findings eilebia prior to mpletion of ceuse deeth?		
Ï		mo:						10	Yes 2 XNo	10	Yes 2□ No		
/Ita	ysician: In s certificate director, pag	Be (
or Vital	\$ 000	To	1 ☐ Yes 2 💢 No	lospital: 1 Inpatien		ng Home 5 TResidence 6 Other (Specify) 28d. Describe how injury occurred							
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150	Of Alleger in by the	Certification:	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. Plece of Injur building, etc.	28f. Location (Street and Number or Rural Route Number, City or Town, State)			il Route Number,					
_	vithin 24 hours To the Funeral completely filled	edicai C	29a. Certifier (Check only one) 1 Certifying Physical Examination (Check only one)	sicien: To the best of ner: On the basis of e and menner stete	exemination end/or in	n occurred et the vestigation, in my	time, dete end plec y opinion, deeth occ	e, end due to the urred et the time,	ceuse(s) end m date end plece,	enner es si end due to	eted. the ceuse(s)		
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	2	4	2000	- m b		1)	3676		7/10/9	6			
7			30. Name and address of person who co	mpleted ceuse of de	eth (Item 23e) (Type,	Print)	J + 1 W1		1.0/	-			

Michael Riebman, M.D. 2568-A Riva Road Annapolis, MD 21401
31. Date filed (Month, Dey, Yeer)

JUL1 2 1996
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State Registrar

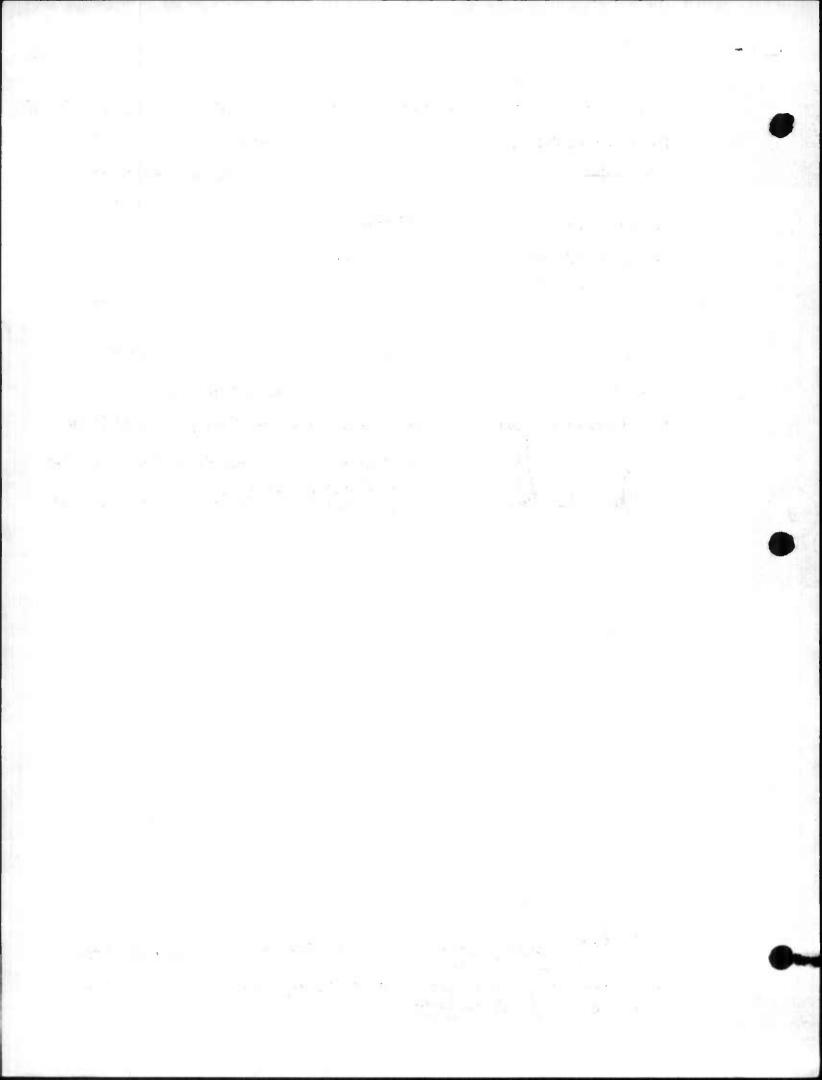


ITEN: 5. PER F'.H. FILM Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

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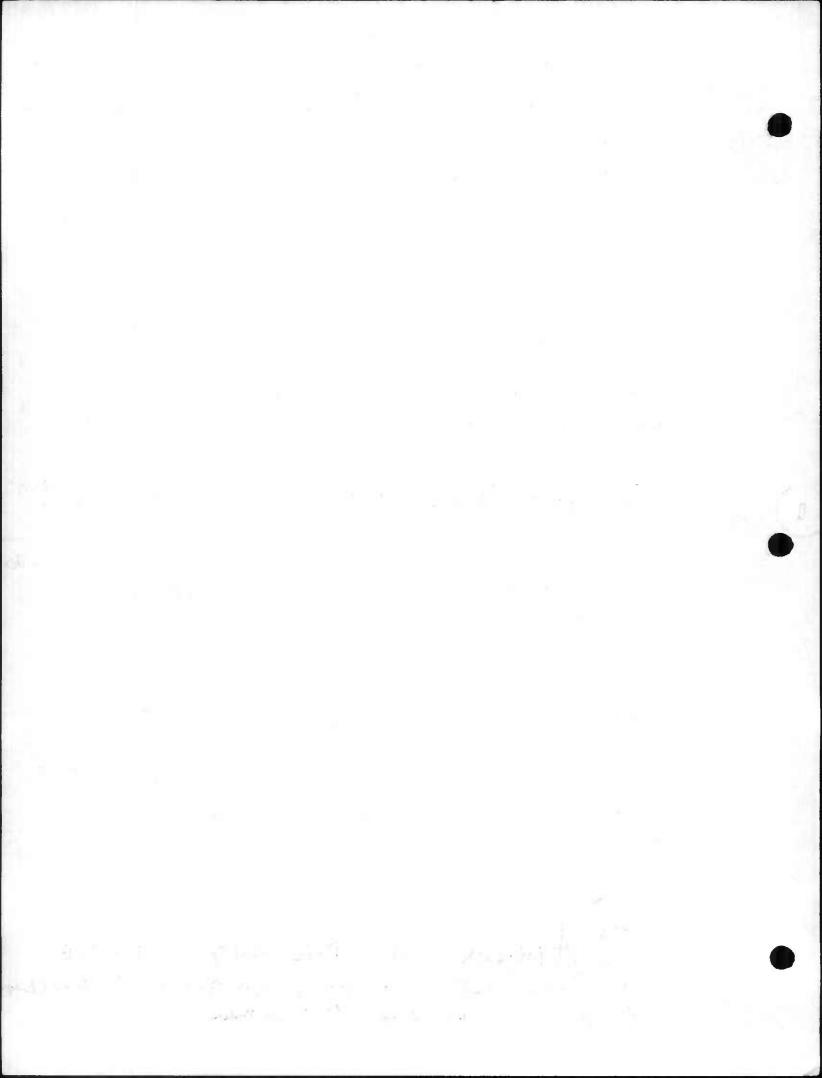
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uneral		Sex	7. Age (In yrs. las	it birthdey)	If Under 1		If Under 24 H	s. 8. Dete of Bi	irth Vacal	9. Birthpl	ece (Stete or Foreig	
ector	216-20-4734	1□ M 2√F	70	Yrs.	Months [Deys	Hours Mi	June June	19, 1926	Marus	Cand	
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5	Maryland N/A Baltimore									1 X Yes 2 □ No		
Director	10e. Street end Number			_	10f. Zip C	ode			10g. Citizen of Whet Country?			
4 5	3703 Ravenwood A	UONIIO			2	1213	3		U.S.A.			
le le	11. Menitel Status		edent Ever in U,S.	13.				Specify Yes or N	o- 14. Re	ce - Americe	en Indien.	
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by	3 ☐ Widowed 4 ☐ Divorced	If Yes, G Yeer or I	ve `		1□ Yes 2Ĉ	ON E	Specify:		Speci	rs: Wh	ite	
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ouce.	21. Signature of Funeral Service Lice	nsey	,				s of Facility Funeral	11 -				
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	23a. Pert1. Enter the disease, or consheck, or heart feilure. List on	cations that	auged the death	Do not ont	331 Br	ehm.	s Lane,	Baltimo	re, mar	yxana	Approximete	
ner	Immediate Cause (Finel disease or condition resulting in deeth)	V 50	Due to (or es e consequence of):									
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£									ably 4 Unknow			
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Certific	4 Homlcide determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)						28f. Location (Street and Number or Rural Route Number, City or Town, State)					
edicai C	29a. Certifier 1 ☐ Certifying Processing Check only 2 ☐ Medical Exa	hysician: To the miner: On the b	best of my knowle	dge, death	occurred et i	he tim	e, dete end pled	e, end due to the	ceuse(s) end m	enner es ste	eted. the ceuse(s)	
completely filled in Medical Cert		end men	ner steted.									
3	29b. Signature and title of certifier	1	0		29c. L		number		29d. Dete sign	ed (Month, E	Jay, Year)	
	Do6933						JULY 10 1996					
	30. Name and address of person who	completed caus	e of deeth (item 2	3e) (Type,	Print)							
	JOHN. B MACGIR	KON H	D JOI W	REM	057	STE	-719 R	A-LTM OK	E MD	212	101	
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Registrar



AMENDED: item #31, see State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Date of Daath 3. Tima of Death **Physician** Month Yaar 1996 10 July /Medical 4e. Facility Name (If not institution, give straet and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Street Whitelock Himore 120 If Under 1 Year If Under 24 Hrs. 8. Data of Birth Months Deys Hours Min. (Month, Dey, 5. Social Sacurity Number 6. Sax 7. Age (In yrs. last birthdey) 9. Birthplaca (State or Foreign Country) **Funeral** 1□M 2以F Months 2-14-40-4196 Yrs. Director Usuel Rasidance of Decedant permit. Peges 1 and 2 should be filed within 72 hours effer deeth with the Maryland Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23e or 28e-f show any injury or other treumstic event, or Medical Eventual De notified an once. 10e. Steta 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Nes 2 No Director Himore 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 21217 5.1A Funeral 12. Was Dacedent Evar in U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. Marital Status 14. Raca - Amarican Indian, Bleck, Whita, atc. 1 Yas 2 No If Yas, Giva Yeer or Datas: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Black by 3 ☑ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highest grada complated) 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Businass/Industry Elamantery/Secondary (0-12) Collega (1-4or 5+) Schoo 1 lacher 4yrs 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nema (First, Middla, Maldan Sumeme) Be Laun + Lerva 2 19e. Informant's Name/Relationship (Type, Print) 19b. Malling Addrass (Street and Number of Rural Route Number, City or Town, Stata, Zip Code) Fernpark Baltimore, and lain 20b. Plece of Disposition (Name of cematary, cramatory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stata Deta 1 Burial 2 □ Cremetion 3 □ Ramovel from Stata 4 Donetion 5 □ Other (Specify) United Meth Chunch 7-15-96 21. Signature of Funaral Sarvice Licensee 22. Name end Addrass of Facility 21215 20 Ho, Mel 23e. Pert1. Entar the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intarval Batween Onset and Death **Physician** Immediata Causa (Final disaasa or condition rasulting in daath) 3 MO VTAS /Medicai PULMONARY **Examiner** by Physician/Medical Examiner YOTROPHIC Dua to (or as consequenca of): Hospital or Attending Physician: The law requires that the death certificete be assecuted 24 hours efter death. ed by the attending physician end detached for use as the burial-transit Sequantially list conditions, if any, leading to immadiate cause. Entar Undarfying Cause (Disaase or Injury that initiated evants rasulting in daath) Lest Division of Vital Records, P.O. Box 68760 Due to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 Ab 3 Probably 4 Unknown 24b. Wara eutopsy findings evailable prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed peen : After this certificate has funeral director, page 2: 1 ☐ Yas 2 ☐ No 25. Was casa rafe/red to medical axaminer? Be 26. Place of Death (Check only ona) axaminer? Hospital: Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) Certification: To 1 Inpatiant 2 ER/Outpatlant 3 DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Panding Investigation To the Hospital or Attendit within 24 hours efter death. To the Funeral Director: At completely filled in by the fu 1 ☐ Yes 2 ☐ No 2 ☐ Accident 6 Could not be datarminad 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 3 Sulcide 28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida 29e. Certifiar (Check only one) in Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner stated. Medical 29b. Signature end this of certifie 29c. Licanse number 29d. Data signed (Month, Dey, Year) 96 30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print) 86 AVE BALTMORE S. AMSELMY 21201 31. Data filad (Month, Day, Year) 32. Registrar's Signatura State JUL 1 2 1996 Registrar

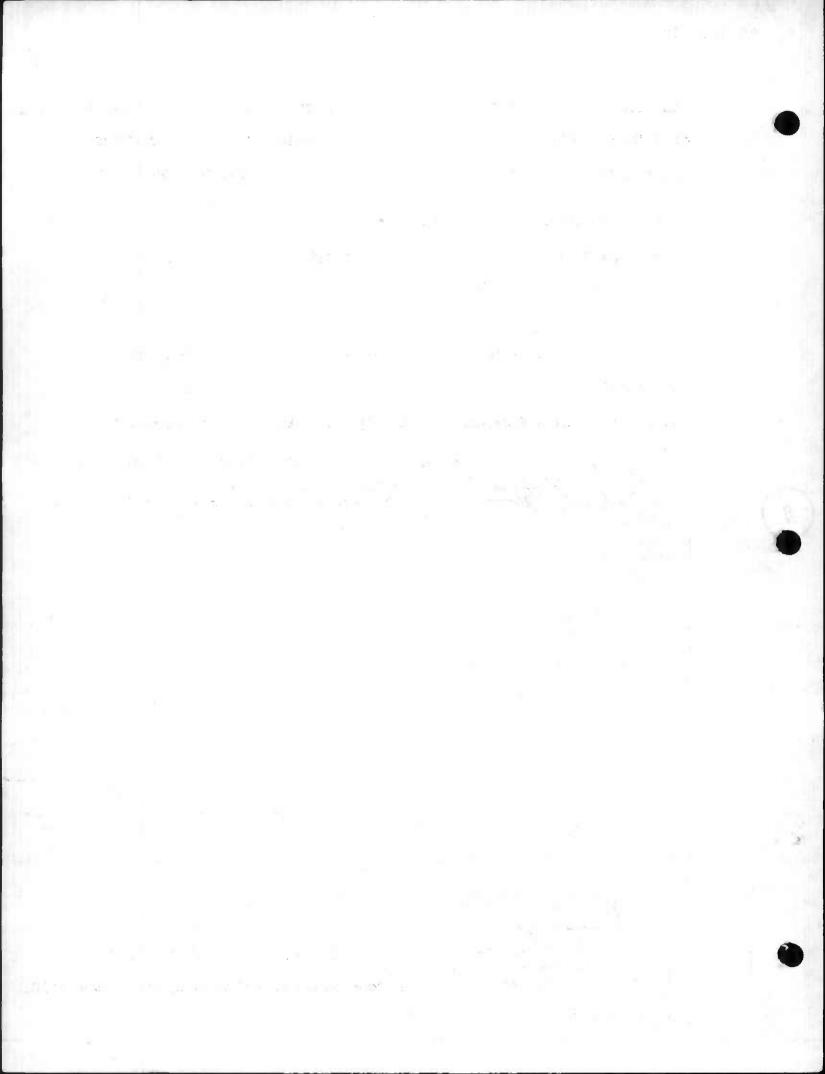


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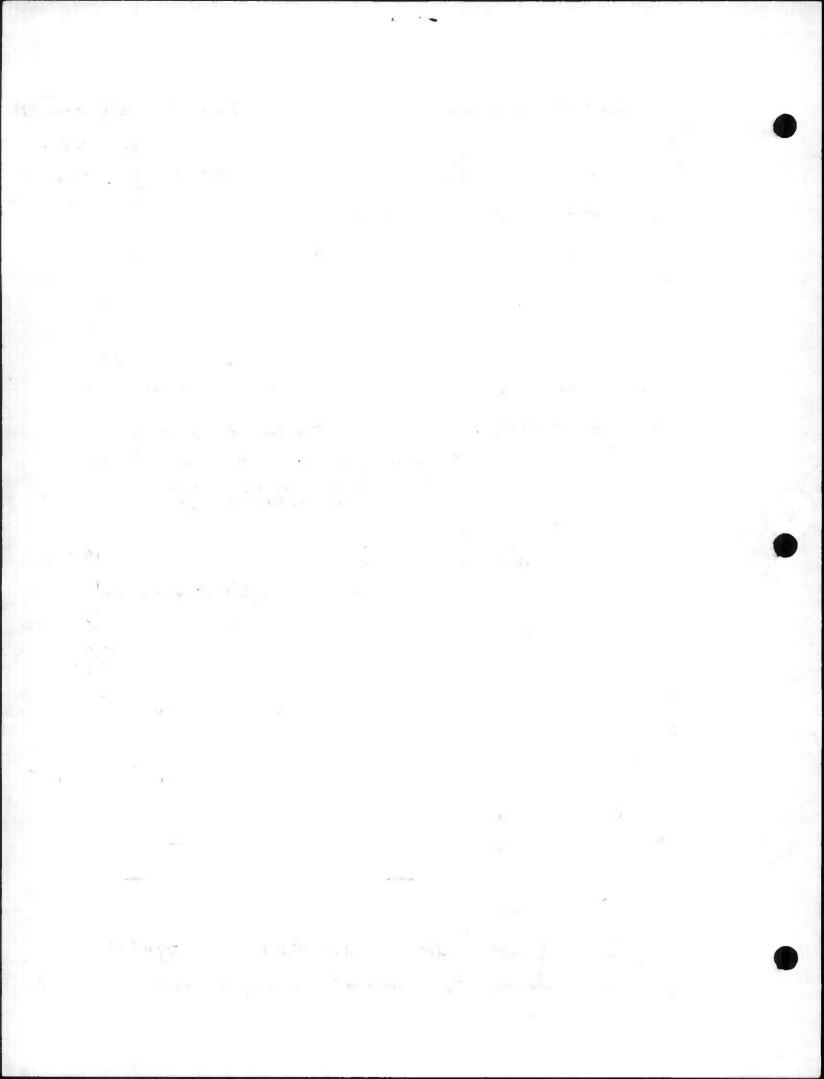
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Date Date		Social Security Number 6.		(In yrs. last birth				rs. 8. Data of	Birth Van	el	9. Birthplac	a (State or Foraig
Mary and Baltimore			1UM 2LF	61 Yr	s.	uis Days	Hours	Jan.	26, 1	935		
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21. Signature of Purifical Service Logicises 22. Name and Address of Facility Schimmunek Fruneral Home 3331 Brehms Lane, Baltimore, Maryland 21213 239. Patl. Effeir his disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory errest. Approximate shock, or heart failure. List only one cause on aech line. Immediate Cause (Final disease or condition) a A Herosularon Warring on death. Due to (or as a consequence of): Due to (or as a consequence of): 25. Saqualially list conditions. a Any leading to immediate a cause of immediate and provided in the cause of the cau								7 10				
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O.C.M.E. JULY 11,1996	mare .	29b. Signature and title of contilion	0//1	**		20c Licens	e number		204 D	ato eigno	d /Month Day	Voorl
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Item1	L,F	ilm737,7/11/96,1t		Cei	tificate c	of Death	R	eg. No.		
Physici	an	1. Decedant's Name (First, Middla, La	DIETEN OTH	MORGA	N		2. Data of Dee	th Day	Yaar	3. Tima of Death
/Medic		STEVEN	MORGAN				July	ĬĬ.	1996	4:15 4
Examin		4a. Fecility Neme (If not Institution, give				4b. City, Town, or	Location of Death	4c. County	of Death	
		Laurel Regional	l Hospital			Laure	1	Pri	nce G	Georges
Funeral Director		217-80-1447	Sex. 7. Age (In yrs. 1 ☐ AM 2 ☐ F 2 8	iast birthday) Yrs.	If Under 1 Ye Months Da			Year) 1968	9. Birthplac Country Mary	ca (Stata or Foreign) 1 and
and w		Usual Rasidence of Decedent 10a. Stata 10b. County	10c Cih	v. Town or Lo	cation				100	d. Inside City Limit
Be-f sho	Director	Maryland Anne	Arundel		aurel					1□Yes X□N
th with the 23s or 2 ust be n	al Dire	10e. Street and Number 234 Elkton Sout	th		10f. Zip Cod	° 20724	1	0g. Citizen of V US		n
permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland popartment of Heelth end Mental Hygiene. Important: if fem 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic event, the Hed cal Examiner must be notified at once.	by Funeral	11. Maritei Status 12 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever In U, Armed Forces? 1 ☐ Yes 2 ☑ No If Yas, Giva Yeer or Detes:		Wes Decedent of Yas, specify C	of Hispanic Origin? (uban, Mexican, Pua No Specify:	Specify Yes or No- rto Rican, etc.)		e - American k, White, etc	c.
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al Hall H	Be	17. Father's Name (First, Middle, Last					eme (First, Middla, I			
Men	10	Kenneth Ceci	11 Morgan			Barba	ara Elle	n Mila	anosk	i
end end is m		19e. Informant's Neme/Relationship (19b. Meilir	g Address (Str	eet and Number or F	Rural Route Number	, Clty or Town,	State, Zip C	ode)
and eelth 7 27 her tr		Barbara Morgan-Dov		8823	Ashford	d Rd. Bali	timore, M	D 21234		
of H f fter		20e. Method of Disposition 1 Dariel 2 D Cramation 3 D	Removel from State	lece of Dispo ametery, crer	sition (Name of natory or other i	olace)	Date	20c. Location -	City or Town	n, Steta
Pag ment ant: I		4 ☐ Donation 5 ☐ Other (Special	y) Met		matory,	Inc. 7/1	2/96	Baltimo	re, MI)
Departi Departi Importi any Inj once.		21. Signature of Funeral Service Lice	Dawn F. McDon		Name end Ad rematio	dress of Feculity On Society	of Mary	and, Ir	nc.	
		DIMENT	Homale	2	99 Fred	erick Rd.	Baltimor	e, MD 2	21228	
		23a. Pert1. Entar tha disaase, or com shock, or heert feilura. List only	plications thet caused tha death one cause on each line.	n. Do not ent	er tha moda of	dying, such as cardia	ac or respiratory arr	est,	A	Approximata ntarval Between Onset end Death
Physician		Large Saller Large							C	Inset end Death
/Medical Examiner		Immediate Causa (Final disaasa or condition	. ANOXIC EN	scepho	alopathi	4			11	4 days
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Dire	F	4 Homicide	building, etc. (Specify)			City or Town	n, State)	_	
To the Hospital within 24 hours a To the Funeral C	edical C	(Uneck only 2 Medical Exam	ysician: To the best of my knowniner: On the basis of examinet	wiedge, deeth	occurred et the	tima, data end plec	a, end due to the coursed at the time, d	ause(s) and ma ete and place, a	nnar as stat	ed. ne cause(s)
the apple	Med	29b. Signature on title of pertifier	and manner stated.		20a Lior	acca number	-	Od Data albana	d March Da	v. Vasal
5 <u>₹</u> 5 8		230. Signature and time of destiner	1/1/11	1		ansa number	2	9d. Dete signed	1	ly, rear;
		yan K	Vaud in			-18089		7/"/	96	
		30. Name and address of person who	complated cause of deeth (itam	23a) (Type,	Print)	TR DRIVE		1 1.	144	0.55
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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Physician /Medica	n	1. Decedant's Nama (First, Middla, Last HILLARY	Α.	MOF	RRIS		2. Data of Dee Month JULY	07, 19	3. Tima of 4:0	Death OOp
Examine		4a. Facility Nema (If not institution, give UNION MEMOR	TAL HOSPITAL	C	ENDED ARE	BALT	LOCATION OF Death		N/A	
Funeral Director		5. Social Security Number 243-12-7388 6. Sa 3C Usual Residence of Decedent	7. Age (In yrs. le 76	st birthday) Yrs.	If Undar 1 Ye Months Day		8. Dele of Birth	1920n	9. Birthplaca (State of ORTH) CAR	or Foreign
the Maryland 28a-f show notified at		10a. Stata 10b. County PRINCE		Town or Loc	LANE	MA			10d. Insida Ci	ity Limits
th with the Maryla 23a or 28a-f shout be notified at	runeral Director	10e. Street end Number 6806 NASHVILLE	ROAD		10f. Zip Code	20706	1	0g. Citizan of V	What Country?	
ter dea Items	6	11. Marital Stetus 1 Nevar Married 2 Marriad 3 Widowed 4 Divorced	12. Was Decedent Ever in U,S Armed Forces? 1 ☐ Yas ♣ No If Yas, Giva Yaer or Datas:		/as Decedani o Yas, specify C		Specify Yes or No- rto Rican, atc.)		e - Amarican Indian, ck, Whita, atc.	
Maryland 21215-0020 d 2 should be filed within 72 hours ef the and Mental Hyglene. 7 is marked other than "naturel", or traumatic event, its Medical Exam	Completed	15. Dacedent's Edu (Specify only highast grad	cation a completed) Collega (1-4or 5+)	16e. Deceda (Giva k lifa. D	ant's Usual Occ ind of work do O NOT usa ret LABOR	cupation na during most of w lired) RER	orking	16b. Kind of Businass/Industry CONSTRUCTION		
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		19a. Informant's Name/Ralationship (Ty ANN WASHINGTON		19b. Malling	Addrass (Stre	et end Number or F	Rural Routa Number	M, MD.	State Zin Code	
S 50 2 2		20a. Mathod of Disposition 1 Burial 2 Cremetion 3 R 4 Donetion 5 Other (Spacify)	emovel from State	matary, cram	ition (Nama of atory or other p IP BA]		Dete /13/96		City or Town, Steta	NC.
Baltimo permit. Page Department Important: If any injury or once.		21. Signelure of Funaral Service Licensi	as Carl						SERVICE E, MD 212	215
certificate be executed from the property of the burnel-transit and	negical Examinier	Immediata Cause (Final disease or condition resulting In death) Sequentially list condillons, if any, leading to Immediate cause. Enter Underlying Causa (Disease or Injury that Initieted avants resulting In death) Last	network) Dua to (or	as a consequence of c	ance of):	ular	ne		6 mo	,/-s ,/-s
ords, P.O. Box requires thet the deeth cent signed by the ettendin hould be detached for use seed by Physicilan/M		Part II. Other significant conditions con	tribuling to death but not rasult	ting In The und	darlying ceusa	givan in Part I.	23b. Did to		ntribute to the cause of	of death?
Rec le law has b ge 2 si	2	Nypa. C3/Ce	mis Re	~~)	ra.	/41	24a. Was a	med?	24b. Wara autopsy f available prior t complation of c of death?	to ceusa
Vita	3	25. Was cese rafarrad to medical axaminar?	lospital:	20200000			1 ☐ Y	10)	1 Yas 2	No
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Division To the Hospital or Attent within 24 hours after deat To the Funeral Director: completely filled in by the Medical Certifical	BAIL	29a. Certifiar Sertifying Physical (Check only one)	Iclan: To the best of my knowler: On the basis of axamination and manner stated.	adga, daath on and/or inve	occurred et tha esligetion, in m	tima, data and place y opinion, daath occ	ea, and due to the courred at the time, d	ause(s) end me ale and place,	ennar as stated. and dua lo tha causa(s	5)
To the within To the compl	-	29b. Signatura and titla of pertina	m.60		29c. Lice	nsa number	2	9d. Data signe	d (Month, Dey, Yeer)	7
State		30. Nama and addrass of person who so STAN WAS	mplated ceusa of daath (Item 2	23a) (Type, P	rint)	וויוס	/ציריםנסף	Ra H	more mu	

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State of Maryland / Department of Health and Mental Hygiene

2021.7

		item #5, filmg 738, 8/3	0/96, cyw, pe.	r in	Certifi	cate of	Death		Reg. No.	20	20047
Physicia	an	1. Decedent's Name (First, Middle, Last)						2. Data of Do	eath Day	Yaar	3. Time the
/Medic		CECELIA A. MALIA	1					July 7	, 1 ⁹ 96	1 441	6:15 a.m.
Examin		4a. Facility Name (If not Institution, give	and the second second second					or Location of Dear			
		Bel Forest Nursing					Forest		Harfe		
Funeral Director		220-30-0749	7. Aga (li]M 2⊠F 93	n yrs. last bi		Inder 1 Yaar nths Days	Hours Mi	in. 3. Data of Bi	rth ay, Year) 4, 1902	9. Birthpla Country Peny	ce (Stete or Foreign y) IS YLVANIA
pu *		Usual Rasidence of Decedent 10a. Stata 10b. County	10	C. City, Tow	n or Location	n				100	d. Inside City Limits
Many 4 sh	ō	Maryland Harford		Falls.	ton						1 ☐ Yes 2 No
the rotte	rec	10e. Street and Number				f. Zlp Code	<u> </u>		10g. Citizen of	What Countr	v?
h with	O Te	3004 Suffolk Lane				21047			U.S.A.		
Ealtimore, Maryland 21215-0020 pernit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Heelth and Mentel hygiene. Important: if them 27 is marked other than "netural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examinet must be notified at once.	by Funeral Director	11. Marital Status 1 □ Never Married 2 □ Married 3 ☒ Widowed 4 □ Divorcad	12. Was Decedent Eve Armed Forcas? 1 ☐ Yas 2 ☑ No If Yes, Give Yaar or Dates;	r In U,S.		Decedent of I specify Cub es 2 No	tispanic Origin? an, Maxican, Put Specify:	(Specify Yas or Narto Rican, atc.)	o- 14. Rac Bla Specifi	ca - American ck, White, et	c.
Maryland 21215-0020 d 2 should be filed within 72 hours ef th and Mentel hygiene. 77 is marked other than "netural", or traumetic event, the Medical Exam	Completed by	15. Decedent's Edu	cation	16a	. Decedent's	Usual Occup	pation		16b. Kind of B		
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24 with	E	12th grade	College (1-401 5+)	H	omemak	er			Own Hon	ne	
D different sections	Be	17. Father's Name (First, Middle, Last)						ame (First, Middle	, Meiden Sumen	78)	
yla Duid the Ment arked	70	Joseph McDermott					Agnes	Wisner	1		
Aar 2 sh and Is m		19a. Informant's Name/Relationship (Ty						Rural Route Numb			Code)
e, Pand I and teelth m 27 ther there		Agnes Patterson (1						allston,		047	
Baltimore, semit. Pages 1 ar Department of Her mportant: if Hem: iny Injury or othe		20a. Method of Disposition 1 ☐ Burlai 2 ☐ Cremation 3 ☐ R	emoval from Stata			(Neme of y or other ple	ce)	Data	20c. Location		
ti Pa		4 □ Donation 5 □ Other (Specify)		Green				1/9-/96	bacter	none,	Maryland
Permi Permi Depart Impo		21. Signature of Funeral Service License	Tim		Schi 610	W. Mac	Funeral Phail R	Home of load, Bel	. Air. Mo	Inc.	014
		23a Part 1. Enter the disease, or compli shock, or heart failure. List only or	that caused that caused that cause on each line.	daath. Do	not anter the	mode of dyl	ng, such as card	iac or raspiratory	rrest,	1	Oproximata nterval Between
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/Medical Examiner		Immediate Cause (Final disaasa or condition	upp	er	ceshi	into		fest.	òn		< Zdan
B4 10 10 11		resulting in deeth)	Due	e to (or as a	consequanc	e of):)	3			0-
bed is	nlne	_ t	ı. ————							1	
y yaecu a and	xar	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due	to (or as a	consequence	a of):				1	
HECOTOS, P.O. BOX 68/60, The law requires that the death certificate be executed the has been signed by the ettending physician and bage 2 should be deteched for use as the bunal-transit	dedical Examiner	Cause (Disease or injury that initiated events		to force o		- 0					
og phy as th	Po	resulting in death) Last	Dua	to (or as a	consequence	ot):					
BOX eath cert ettending	2										
that the death ce od by the ettendideteched for use	Physician/	Part II. Other significant conditions con	tributing to death but no	ot resulting l	n the undarly	ring causa giv	ren in Part I.	23b. Did	tobacco use co	ntribute to t	he cause of death?
T.O. nat the de de by the deteched	hys					mg occourge	017 #17 #161.		Yee 20 No		bly 4 Unknown
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al dire	2	1 ☐ Yes 2 No	ospitel: 1 Inpatient	2□ER/O	stpatient 3	DOA Ott	er: 4 Nursing	Home 5 ☐ Res	idenca 8 □Oth	er (Specify)	
or Attending Physician: The I after death. Director: After this certificate he is by the funeral director, page	on:	27. Manner of Death 1 Natural 5 □ Pending	28a. Date of Injury (Month, Dey Ye	28b. 1	Tima of injury	28c. Inju	y at k?	28d. Dascribe	how Injury occur	red	
or Attending I after death. Director: After I in by the fune	Certification:	2 Accident invastigation M I Tyes									
= XE = C	E	4 Homicide determined	28e. Piece of Injury - building, etc. (S	· At home, fa Specify)	ırm, street, fa	actory, offica		28f. Location ((Street and Numl wn, State)	er or Rurel I	Route Number,
pital Durs a		29a. Certifier Certifying Phys	lolen: To the heat of	u kaand - d	docth	read at the	an data and t	an and district			10.0
To the Hospital or within 24 hours afte To the Funeral Dir completaly filled in	edical	(Check only one)	Ician: To the best of meer: On the basis of exa and manner stated.	amination an	d/or investig	ation, in my o	ne, dete end pla pinion, death oc	ce, and due to the curred et the time,	dete end plece,	end due to t	he cause(s)
o the	N N	29b. Signature and title of certifier	Stated.			29c. Licens	e number		29d. Date signe	d (Month, De	ey, Year)
FSFO		Dawl 5.1				D	32299	,	July 9,		
5		30. Name and address of person who co	moleted cause of death	(Item 23a)	(Type Print)		- /		20.4 1	1776	
		DAVID S. AUNN	615W	. MACI	Pha: I						

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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ral tor	5. Social Security Number 214-86-948	6. 9		Age (In yrs.	last birthday) Yrs.	If Under Months		If Under Hours		8. Date of Bir (Month, Da Nov • 3	rth ay, Year) 1975		
	Usual Residence of Deced	lent County		100 00	n. Town and							-	
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	19a. Informant's Name/Re										er, Cify or Town		code)
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Physicia /Medic		Decedent's Name (First, Middla, I NORMA MA)									2. Date of D Month JULY		Day .996	Year	3. Time of Death $10:45 \ \mathrm{PM}$
Examin	er	4a. Facility Name (If not institution, g 4400 EAST WEST I		bar) #1108					4b. City, To SETHES		ocation of Dee		4c. County		
Funeral Director		5. Social Security Number 8. 216-32-3227		. Age (In yrs		hday) (rs.	If Under	1 Year Deys	If Under Hours	24 Hrs. Min.	8. Dete of Bi (Month, D 12/24/	irth lay, Ye	9ar)	9. Birthpla Countr MARY L	ce (Stata or Foraigr y) AND
fed at	tor	Usual Residence of Decedent 10a. Stete 10b. County MD MONTGON	IERV		ty, Towr	or Loca	ation							100	d. Inside City Limits
a or 28s	i Director	10e. Street and Number 4400 EAST WEST H					10f. Zip					Ĭ		What Countr	y?
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int: H Hem	MTK 20a. Me	20a. Method of Disposition 1 Buriel 2 Cremetion 3 4 Donation 5 Other (Spec		tate	cemater	y, crema	tion (Namitory or other)	her ple			Dete 7 - 9			City or Tow	
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eral Director: filled in by the	Certifi	3 Suicide 6 Could not determine	d 28e. Place o	f Injury - At h g, etc. (Speci		m, stree	t, factory,	office			28f. Location City or To			ber or Rural	Route Number,
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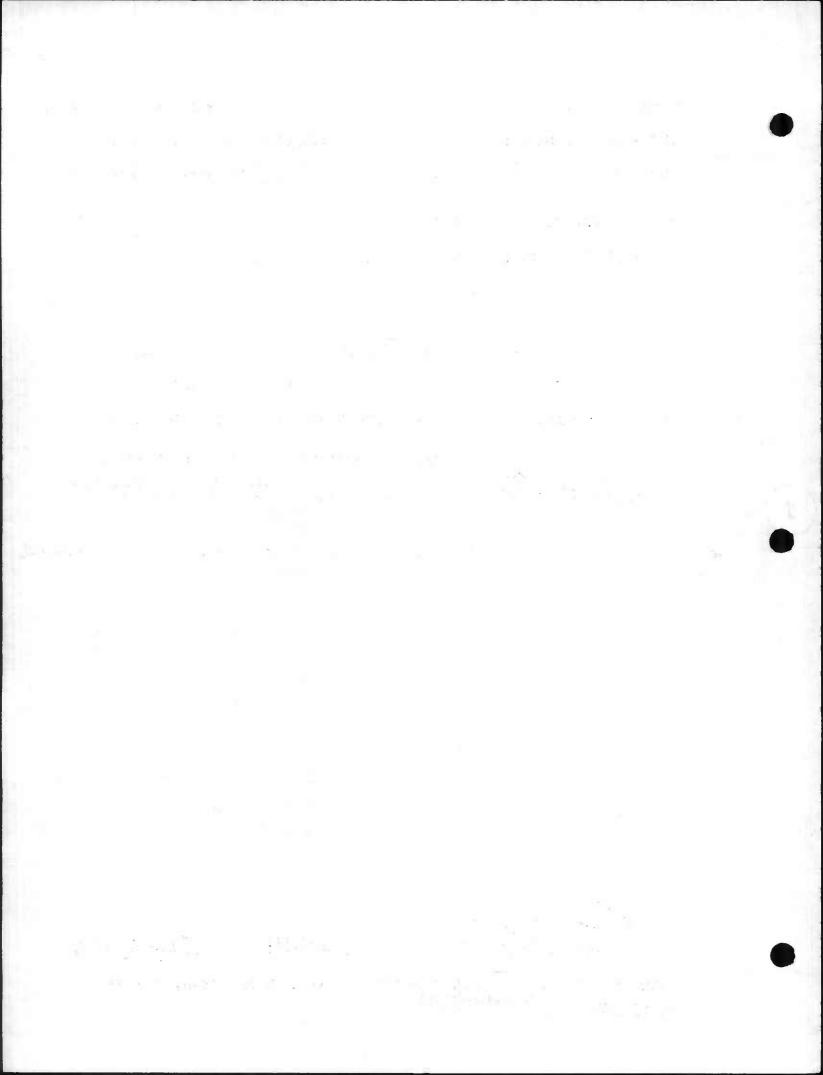
EVERARD HUGHES MD 10810 CONNECTICUT AVE. KENSINGTON, MD 20895

D29294

State Registrar

30. Name and address of person who complete e of deeth (Item 23a) (Type, Print)

DHMH 16 Rav 6/95



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Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any figury or other traumatic event, the Medical Examiner must be notified at Once.	5	PA	Somer	set		RD 3	Mey	ersd	ale						1 ☐ Yas 2√D√N
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director, page 2	2	1 ☐ Yas 2			Data of Injury (Month, Dey Y		Tima of njury	28c.	Injury at Work?		28d. Describe	how inju	iry occurr	ed	
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					Certificate (of Death		Reg. No.	
Physician /Modical	/Medical				PIERCE		2. Dete of De Month JULY		3. Tim th 3: 00 FM
/Medical Examiner	An Carlling Man.	e (If not institution, gh	ve street and number HOPKINS		PITAL	4b. City, Town, o	r Location of Deel		1210112
Funerai Director	5. Social Securit 215-80 Usuel Residence	-3054	Sex 7. A 1 □ M 2 □ ₹	ige (In yrs. last b	rthdey) if Under 1 Y Yrs. Months Do	eer If Under 24 Hr eys Hours Min	s. 8. Dete of Bi	8, 1963	9. Birthplece (State or Foreign BALTIMORE, MD
a-f show	10a. Stete	10b. County	a		on or Location BALTIMORE				10d. Inside City Limits 1 ☑ Yes 2 ☐ No
ifter death with the Mai r Items 23a or 28a-f s incr must be noutled. Funeral Director	10e. Street end		COURT	,	10f. Zip Cod	2/20!	2)	10g. Citizen of V united	Whet Country? states
by by	3 ☐ Widowe	s erried 2 Married d 4 Divorced	12. Wes Deceden Armed Forcas 1 Yes If Yes, Give Yeer or Detes	? (No	13. Wes Decedent If Yes, specify €	of Hispenic Origin? (Cuben, Mexican, Pue No Specify:	(Specify Yes or Norto Rican, etc.)		ce - American Indien, ck, White, etc. y: BLACK
도 1 회 중	(S) Elementery/S	15. Decedent's E pecify only highest gra econdery (0-12)	ducation ade completed) College (1-4or		Decedent's Usuei Od (Give kind of work de life. DO NOT use re LABORER -	one during most of watered)	orking		usiness/Industry
be filed d other event,	17. Fether's Nen	EROY PIE	,			18. Mother's No	eme <i>(First, Middle</i> LIE PRI		· · · · · · · · · · · · · · · · · · ·
alth alth ar 27 is	19a. Informent's	Neme/Relationship (Type, Print) BOGLER	19	316 N.	reet and Number or F ATHOL AVI	Rural Route Numb ENUE, BA	ber, City or Town, LTIMORE,	Stete, Zip Code) MD
5 5 2 0		Disposition 2 □ Cremetion 3 □ n 5 □ Other (Specia		comoto	of Dispositi <i>on (Name of Disposition)</i> , cremetory or other AR HILL		7 – 15	20c. Location -	City or Town, State ARUNDEL CO., MD
permit. Page Department of Important: If any Injury or once.	21. Signeture of	Funeral Service Liquid	nsee		WM. C.	MARCH FH.	-1101 E	. NORTH	A VENUE
Physician /Medical Examiner	Immediate Caus disease or cond resulting in deet	se (Finel	e. Asp	pergillus	consequence of):	dylng, such es cardi	ec or respiratory e	errest,	Approximate Interval Between Onset end Deeth Onset end Deeth
the death certificate be executed by the attending physician and sched for use as the bunal-transit hystclan/Medical Examiner	Ceuse (Diseese thet initieted eve resulting in deet	nts		Due to (or es e	consequence of): 3 vivm intracell consequence of):	ulare infec	Norl		(o nonth)
that the death cented by the attending deteched for use y Physician/I	Pert II. Other sig	nificant conditions o	contributing to death	but not resulting	n the underlying cause	given in Pert i.		tobacco uee co Yee 2□ No	ntribute to the cause of death?
aw requires as been sig 2 should by								s en eutopsy ormed?	24b. Were autopsy findings eveileble prior to completion of cause of death?
	25. Wes case re	ferred to medical				26. Plece of D	1,©	Yes 2□No	1 ☐ Yes 2, ☒ No
Physician: this certific ral director, To Be (No No	Hospitel:	ient 2 ER/O	utpatient 3 DOA	Other	Home 5 ☐ Res		er (Specify)
To the Hospital or Attending Physician: To the Funeral Director: After this certific completely filled in by the funeral director, Medical Certification: To Be (5 Pending Investigation	28e. Dete of Inj (Month, De			njury at Work? 1 ☐ Yes 2 ☐ No	28d. Describe	how injury occur	red
tal or Attending P rs after death. al Director: After t led in by the funer: Certification:	3 ☐ Suicide 4 ☐ Homicid	6 ☐ Could not b determined	286. Piece of if	njury - At home, f tc. <i>(Specify)</i>	erm, street, fectory, off	ice		(Street end Numb wn, Stete)	per or Rurel Route Number,
To the Hospital within 24 hours a To the Funeral I completely filled	29e. Certifier (Check only one)	1 S Certifying Ph 2 Medical Exam	nysicien: To the best niner: On the basis of end menner s	of exemination er	e, deeth occurred et th nd/or investigation, in r	e time, date end plac ny opinion, deeth occ	ce, end due to the curred at the time,	cause(s) end me date end plece,	enner es steted. end due to the cause(s)
T S S S S S S S S S S S S S S S S S S S	Look organization	nd title of cartifier			29c. Lic	ense number		29d. Dete signe	d (Month, Dey, Year)
F > F 0			a						
->	Ku	ely Ad Ju	mor Kende	it	NH	487		July 10	1996
		ddress of person who		deeth (Item 23a)		487 no 21247	1	2014 10	1996

ITEMS: 23 PART I, 27, PER MEO FILM G-738 8/9/96 t.t

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

item #10b, filmg 737, 7/12/96,cyw, per fh Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** JULY 04° RONALD PULLIAM 1996 3:00 PM /Medical 4a. Fecility Name (If not institution, giva street end numbar) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** MERCY HOSPITAL BALTIMORE 7. Aga (In yrs. last birthday) If Under 24 Hrs. Hours Min. 5. Sociei Security Number If Undar 1 Year **Funeral** Birthplace (State or Foraign Country) Deys Months Hours M 20 F Yrs. Director 219-94-9563 32 Mar.31,1964 Germany Usual Residence of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Location tem 27 is marked other than "neturel", or tems 23e or 28e-f show other traumatic event, the Macical Example of Institled at BALTIMORE 10d. Inside City Limits Director 1 ☐ Yes 2 ☑ No Woodmoor 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? With Funeral death #4 Retinue Court, Apt. 104 21207 USA 12. Was Decadant Ever in U,S. Armed Forcas? Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, Whita, etc. permit. Pages 1 and 2 should be filed within 72 hours efter. Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "naturel; or item eny injury or other traumatic event, the Manical Ferrice. 1 Never Married 2 Marriad 1 ☐ Yas 2 ☐ No If Yes, Give Yeer or Dates: altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Specify **Black** Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast greda complated) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) N/A 12th N/A 17. Fether's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Surname) Franklin Pulliam Olene Horton 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 21133 Franklin Pulliam 8523 Glen Michael Lane, #101, Randallstown, MD 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State Dete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Ramovei from Stete 5 Other (Specify) King Memorial Park 7/10 Randallstown, MD 21. Signaturo Funerel Servica Licensae 22. Neme and Address of Fecility LEROY O. DYETT & SON FUNERAL HOME, P.A. 4600 LIBERTY HEIGHTS AVENUE, BALTO. 21207 mplications that caused the peth. Do not enter the moda of dying, such as cardiac or respiratory arrest, by one cause on each line. Approximete Interval Between Onset end Deeth **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical **ENCEPHALITIS** Examiner Due to (or es e consequence of): Examiner ACQUIRED IMMUNE DEFICIENCY SYNDROME burial-transit Sequenticity list conditions, if eny, leeding to immediate cause. Entar Underlying Cause (Diseese or injury that initieted events resulting in death) Lest and Due to (or es a consequence of) be execu Box 68760, ettending physician for use es the buria Physician/Medical Due to (or as a consequance of): P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, by pege 2 should 24b. Ware autopsy findings available prior to completion of causa of deeth? Completed 24a. Was an eutopsy parformed? Deen The law certificate has 2 Yas 2□ No Division of Vital the Hospital or Attanding Physician: Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) Other: 4□ Nursing Home 5□ Residenca 8 🖔 Other (Specify) 10 1X Yes 2□ No 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA I.C.U. After this 27. Manner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 1 Neturel 5 Pending investigation deeth. 1 ☐ Yes 2 ☐ No 2 Accident Director: d in by the 3 ☐ Suicide 6 Could not be determined To the Hospital or Att within 24 hours efter of To the Funerel Direct completely filled in by 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homleide Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the ceuse(s) and menner es stated.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end placa, end due to the ceuse(s) end menner stated. Medical 29a. Certifian 29b. Signat and title of certifier 29c. Licanse number 29d. Date signed (Month, Dey, Year) O.C.M.E. JULY 05, 1996

State Registrar 31. Dete filed (Month, Dey, Yeer)

OY

32. Registrar's Signeture

cause of death (Item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

Julia Davidson

DHMH 16 Rev 6/95

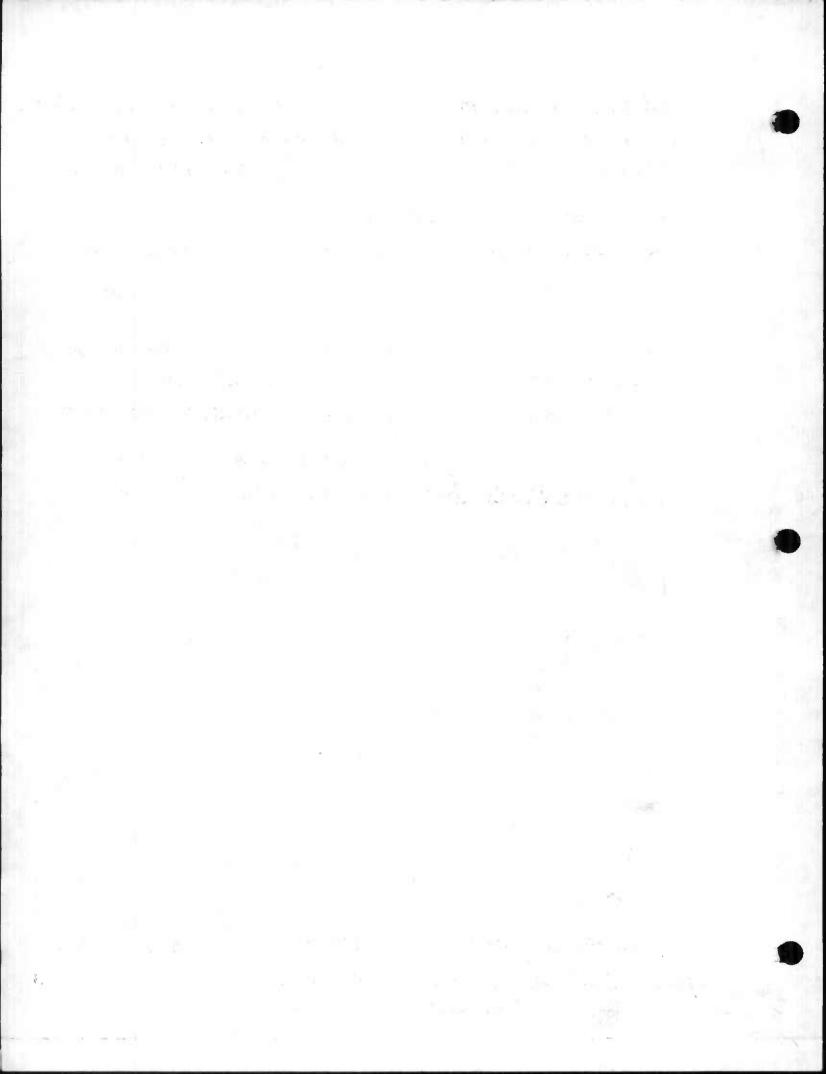
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State of Maryland / Department of Health and Mental Hygiene 96

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							0 0, .	Deam			Reg. No.		
nysicia Medic		1. Decedent's Nama (First, Middle, WAYNE	J. RO		-5					2. Date of D Month	- 26	Year 1996	3. Time of Death 22/8
xamin	er	4a. Facility Nama (If not institution,			יו דמי עיי	1 151			own, or Lo	ocation of De		nty of Death	w a
neral		UNIV. OF MARYO 5. Social Security Number 6	Sax		yrs. last birthda	y) If Undar	1 Yaar	If Under					laca (Stata or Forei
tor		213-52-4058 Usuel Residence of Decedent	% M 2□ F		49 Yrs.	Months	Days	Hours	Min.	MAR.	Sinth Year) 26,194	7 MAI	RYLAND
		10a. Stata 10b. County		10	c. City, Town or	Location						1	Dd. Inside City Llmi
	ctor	MD n/a	3		BALT	IMORE							1XYes 2□N
	Funeral Director	10e. Street and Number 2613 REISTER	NUOTZ	ROAD		10f. Zip		1217				of What Coun	•
	era	11. Marital Status	12 Was Dec	cedent Ever	in U.S. 1:	3 Was Deced			ioin? (Sn	acify Vac or h	UNITE	STA	
	by	XX Naver Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed F	orces? 200 No Sive		3. Was Deceded If Yes, spec	11:1	Specify:		Rican, atc.)		Black, White, o	etc.
	eted	15. Decedent's (Specify only highast g	Education prade completed	()	16a. De	cedent's Usua	Occupe	etion	at of work	ina	16b. Kind o	Business/Inc	lustry
	Completed	Elementary/Secondary (0-12)		(1-4or 5+)	life	TRANSP			i or work		LEV	TALCTON	MADICET
	S	17. Fathar's Name (First, Middle, La	st)			TRANSP	UKIE		er's Name	(First Midd	LEX le, Maiden Surr	INGTON	MARKET
	To Be		ROBERT						VIOLA		JENNIFE		
		19e. Informant's Name/Relationship WILLIAM RAN	(Type, Print)		19b. Ma	ailing Address 117 E	(Street a	and Numb	er or Rura	TREET	ber, City or To	wn, State, Zip MORE, MI	Code) 21213
		20a. Mathod of Disposition			Ob. Place of Dis	position (Nam rematory or ot	a of	:e)	1	Date	20c. Location	n - City or To	wn, State
		XX⊠Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec		1 State		MEMOR I			7 - 5	5-96	RAN	DALLST	OWN, MD
ouce.		21. Signeture of Funaral Service Lic	ensee	1		22. Name and					10.00	J. LL 2 7 1	311119
a		N. Valencia	Hall	AM	,	WM. C.	. MAI	RCH H	F1	101 E	. NORTH	AVEN	IUE
		23a. Pert1. Enter the disease, or co shock, or heert failure. List on	mplications that ly one cause on	caused the each line.	death. Do not e			g, such as			arrest,		Approximate Interval Between
al		23a. Pert1. Enter the disease, or co shock, or heert failure. List on Immediate Cause (Finel disease or condition resulting in death)		UL MOI	VARY	EMBO	e of dying		cardiac o	or respiratory		ndre	Approximate Interval Between Onset and Death
al er	ner	Immediate Cause (Finel disease or condition		UL MOI		EMBO	e of dying		cardiac o	or respiratory		MINER	Interval Between
al er	aminer	Immediate Cause (Finel disease or condition resulting in death)		Due	VARY	EMBO sequence of):	e of dying		cardiac o	or respiratory		WINER OF	Interval Between
al er	ai Examiner	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		Due	VARY to (or as e cons	EMBO sequence of):	e of dying		cardiac o	or respiratory		MINER	Interval Between
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State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Deeth 3. Tima of Death **Physician** Month Yaar 605 pm W. BERNMD RATAJCZAK 1996 JULY 11 /Medical 4e. Facility Neme (if not institution, giva street end number, 4b. City, Town, or Location of Death 4c. County of Death Examiner Church Hospital Baltimore N/A 7. Aga (In yrs. last birthdey) | If Undar 1 Yaar | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) 5. Social Security Number Birthplace (State or Foraign Country) **Funeral** 1₽M 2□ F 218 07 3130 74 Yrs Director 29 21 Maryland Usuel Rasidance of Decedent with the Meryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at N/A Md. 1 ☐ Yas 2 ☐ No Director Baltimore 10e. Street and Numbar 10f. Zip Code 10g. Citizan of What Country? 1022 S. Highland Avenue 21224 permit. Pages 1 and 2 should be filed within 72 hours after death v
Department of Health and Mental Hygiene.
Important: If Item 27 Is marked other than "natural", or items 23a, and highery or other traumatic event, the Medical Examiner mass and. USA 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Rece - American Indien, Biack, Whita, etc. 1 Naver Merried 22 Married 1 ☐ Yes 2€ No If Yes, Give Yaar or Detes: Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: Specify: White ģ 3 ☐ Widowed 4 ☐ Divorced Completed 18a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacedant's Education (Specify only highest greda complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) Fence Manufacture 4 Laborer 17. Fathar's Name (First, Middla, Last) 18. Mothar's Name (First, Middla, Maidan Sumame) Be James Ratajczak Elizabeth Rzypkowski 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Matilda E.Ratajczak, Wife 1022 S. Highland Ave. Balto., Md. 21224 20b. Place of Disposition (Nama of cemetary, cramatory or other plece) 20a. Mathod of Disposition Dete 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramovei from Stata Oak Lawn Cemetery 7-13-96 Eastwood, Md. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funara Sarvice License 22. Nama and Addrass of Facility
Charles S. Zeiler & Son Inc. 23a. Part 1. Entar tha diseasa, or complications that caused the death. Do not enter the mode of dylng, such as cardiec or respiratory errest, interval Between Onset end Death **Physician** /Medical Immediate Cause (Final · MULTIORGAN SYSTEM FAILURE disaasa or condition rasulting in daath) Examiner Dua to (or as a consequence of): SEPSIS buriel-transit Sequantially list conditions, if any, laading to immadiata causa. Enter Undarlying Cause (Diseasa or Injury that initiated evants rasulting in death) Last pue Dua to (or es e consequance of): physician s the buriel Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or es e consequance of): been signed by the atta should be deteched for Pert II. Other significant conditions contributing to death but not rasulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown RENAL EDUNE RESPIRATORY FARME 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to complation of cause of death? GI BLUEDING 2000 1 ☐ Yas 2 ☐ No After this certificate To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director; Affar this certifical completely filled in by the funeral director; 25. Was case refarred to medical examinar? Be 28. Place of Death (Check only ona) Other: 4 Nursing Home 5 Rasidance 6 Othar (Specify) 1 Yas No Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA 2 Certification: 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding invastigation Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At homa, ferm, street, factory, office building, etc. (Specify) 4 Homlcida Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and mennar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner steted. 29a. Certifiai Medical 29b. Signetyra and titia of certifiar 29c. Licansa number 29d. Date signed (Month, Day, Yaar) JULY 11,1996 30. Nama and address of parson who completed cause of daath (Itam 23a) (Type, Print) BMAMMEMD 100 N. BNDWM 31. Data filed (Month, Day, Year) 32 Registra Signa State

Registrar

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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death Item31, Film737, 7/11/96, per. Fil. Rep.1t 1. Decedant's Neme (First, Middla, Last) 2. Data of Daath 3. Time of Death Month **Physician** John Frederick Ruppert July 6, 1996 11:30 AM /Medical 4a. Facility Name (If not Institution, give streat and number) 4b. City. Town, or Location of Daeth 4c. County of Deeth Examiner 3543 Cliftmont Avenue Baltimore Hours Min. 8. Dete of Birth (Month, Dey, Year)

Dec. 8, 1919 If Under 1 Year 7. Aga (In yrs. last birthdey) Birthplece (State or Foreign Country) 5. Sociel Sacurity Number **Funeral** Months 1QM 2□ F 76 Vre 218-09-5550 Maryland Director Usuel Residence of Decedant with the Maryland 10e. Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits worle item 27 is marked other than "natural", or itema 23a or 28a-f sho other traumatic event, the Macical Extension must be notified at 1 Nes 2 No Director Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 3543 Cliftmont Avenue 21213 U.S.A. Funeral death 12. Wes Dacedant Ever in U.S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yas or No-it Yas, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. filed within 72 hours after 1 Naver Married 2 Merried 1 XYas 2 If Yes, Giva 2 □ No altimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify Specify: þ White 3 ☐ Widowed 4 ☐ Divorced Yaar or Detes: 16a. Decedent's Usuel Occupation (Give kind of work done during most of working iffe. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry I Hygiene. Steel Elemantary/Secondery (0-12) College (1-4or 5+) Machinist 12th grade Tin Can Company permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if flem 27 is marked other any injury or other traumatic event page. 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be 2 Louis Ruppert Anna Schmidt 19e. Informent's Name/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 3543 Cliftmont Avenue, Baltimore, Maryland 21213 Margaret R. Ruppert (Wife) 20b. Plece of Disposition (Neme of cemetery, crematory or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition Dete 1 Bunal 2 □ Cremetion 3 □ Removel from Stata Sacred Heart of Jesus Cem. 7-9 4 ☐ Donation 5 ☐ Other (Specify) Baltimore. Maryland ny of Funeral Service Libense 22. Nama and Address of Fecility Schimunek Funeral Home 3331 Brehms Lane, Baltimore, Maryland 21213 23a. Part1. Enter the disease, or complications that caused the deeth. Do not antar tha mode of dying, such es cardiac or respiretory errest, shock, or heart tellure. List only one cause on each line. Approximata Intarval Batween Onset and Deeth **Physician** /Medical Immediate Cause (Finel diseese or condition resulting in deeth) Examiner Examiner 0 certificate be executed physician and is the burial-trans Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events rasulting in deeth) Last P.O. Box 68760. Physician/Medical Dua to (or as a consequence of) ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? s been signed by the should be detach 1 - Yes 2 No 3 Probably 4 Unknown of Vital Records. ð 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Wes an eutopsy performed? certificate 1 Yes 2 HNO 1 Yas 2 No Physician: 25. Wes case referred to medical examiner? Be 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Dete of Injury (Month, Dey Year) funeral 27. Menner of Deeth 28c. Injury at Work? 28d. Describe how injury occurred 28b. Tima of Certification: After 6 1 Natural 5 Pending Investigation Injury 1 ☐ Yes 2 Accident 6 Could not be determined 28t. Location (Straet and Number or Rural Routa Number, City or Town, Stete) 3 Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 ☐ Homicide 24 hours 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the causa(s) and manner steted. 29e. Certifier To the Hosp within 24 hou To the Fune completely fil Medical 29d. Date signed (Month, Day, Year) 29b. Signature end title of certifier 29a. License number 9 dress of person who complated dause of death (Item 23a) (Type, Print) 31. Dete filed (Moh 32. Registrar's Signature State

JUL 1 2 1996

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DHMH 16 Rev 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Day 1996 10, Leroy H. Ritter July LAO PM /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Baltimore

If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year)

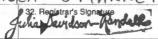
Adopths | Days | Hours | Min. | Dec. 23, 1914 | Maryland Franklin Square Hospital 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthpleca (State or Foreign Country) **Funeral** 1□M 2□F Yrs 218-07-5047 81 Director Usual Residence of Decedent with the Meryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ral', or items 23a or 28a-f show Examiner roust be notified at Director 1 Ves 2 □ No Maryland N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 4107 Coleman Avenue 21213 U.S.A. Pages 1 end 2 should be filed within 72 hours efter death nent of Health end Mantal Hygene.
wit: If item 27 Is marked other then "natural", or itema 23. Items of other traumatic avant, the Medical Experime many or other traumatic avant, the Medical Experiment mans. Funeral 12. Wes Decedent Ever In U,S.
Armed Forces?
1 ☑ Yes 2 ☐ No
If Yes, Give
Yeer or Detes: WW II 14. Race - American Indian, Black, White, etc. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 6th grade Plate Maker Lithography 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Henry Ritter Alice Morgan P 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4107 Coleman Avenue, Baltimore, Maryland 21213 Frances M. Ritter (Wife) 20b. Piece of Disposition (Name of cemetery, crematory or other plece) 20c. Location - City or Town, Stete 20a. Method of Disposition permit. Pages Department of Important: If its any Injury or o 1 X Buriai 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Holly Hill Mem. Gardens 7-15 Baltimore, Maryland 22. Name end Address of Facility Schimunek Funeral Home 21. Signeture of Funeral Service Licanses 3331 Brehms Lane, Baltimore, Maryland 21213 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** /Medical Immediete Cause (Final disease or condition resulting in death) Examiner ARILIMSONSONS Physician/Medical Examiner iaw requires that the death certificeta be executed physician end the burial-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last OSTEO POROSIS Wital Records, P.O. Box 68760, Due to (or as a consequence of): attending pl for use as t AMEMIA Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. signed by the a d be detached f 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown GASTRITIS þ 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? ate hes page 2 s 1 Yes 210 No 1 ☐ Yes 2 ☐ No certificate Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Dipatient 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 2 ER/Outpatient 3 DOA 27. Menner of Death 28a. Dete of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 11 Netural 2 Accident 1 ☐ Yes 2 ☐ No after deet Director: 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 - Homicide 24 hours 1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner es stated.

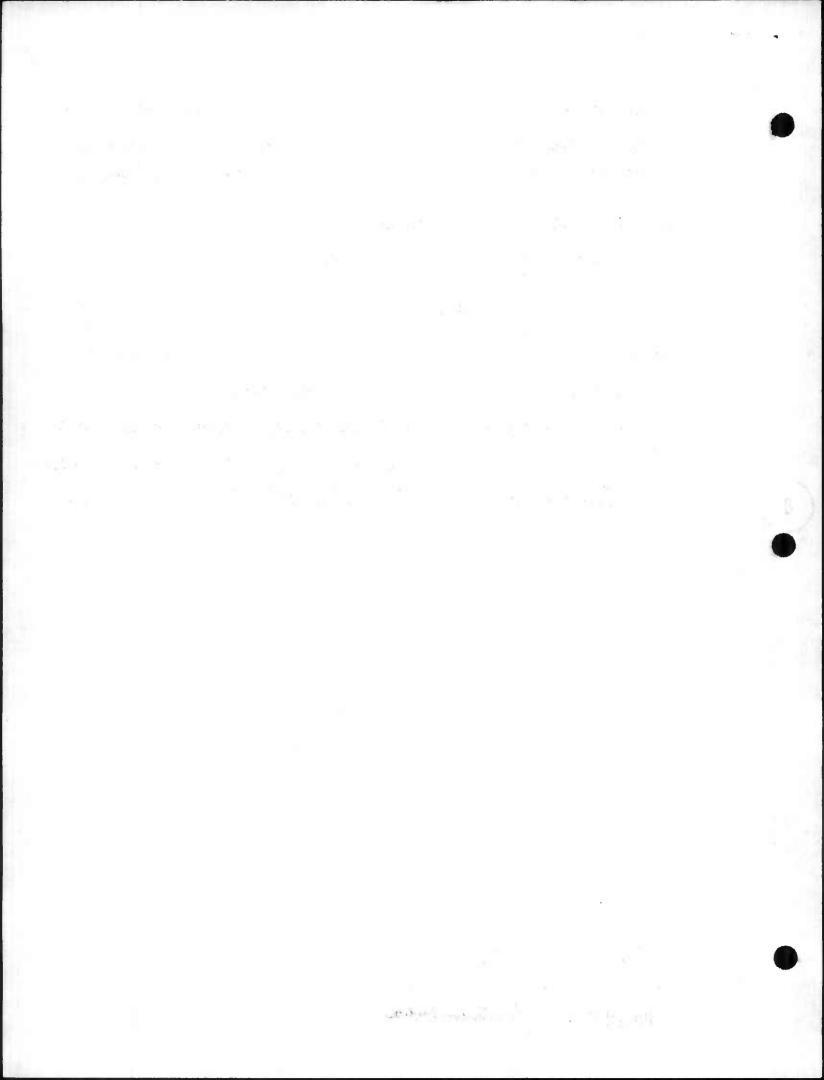
2 Medical Examiner: On the best of examinetion and/or investigation, in my opinion, deeth occurred et the time, date and place, and due to the cause(s) end manner stated. 29a. Certifier To the Hosp within 24 ho To the Fune completaly f (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

ARKET PLACE DUNDALK Julka M.D

State Registrar

31. Dete filed (Month, Dey, Year) JUL 12 1996





	IO THE MOSPITAL DRIENDING PRYSICIAN; THE IZW REQUIRES THAT DEATH CERTIFICIAL SECURED WITHIN 24 HOURS After Geath. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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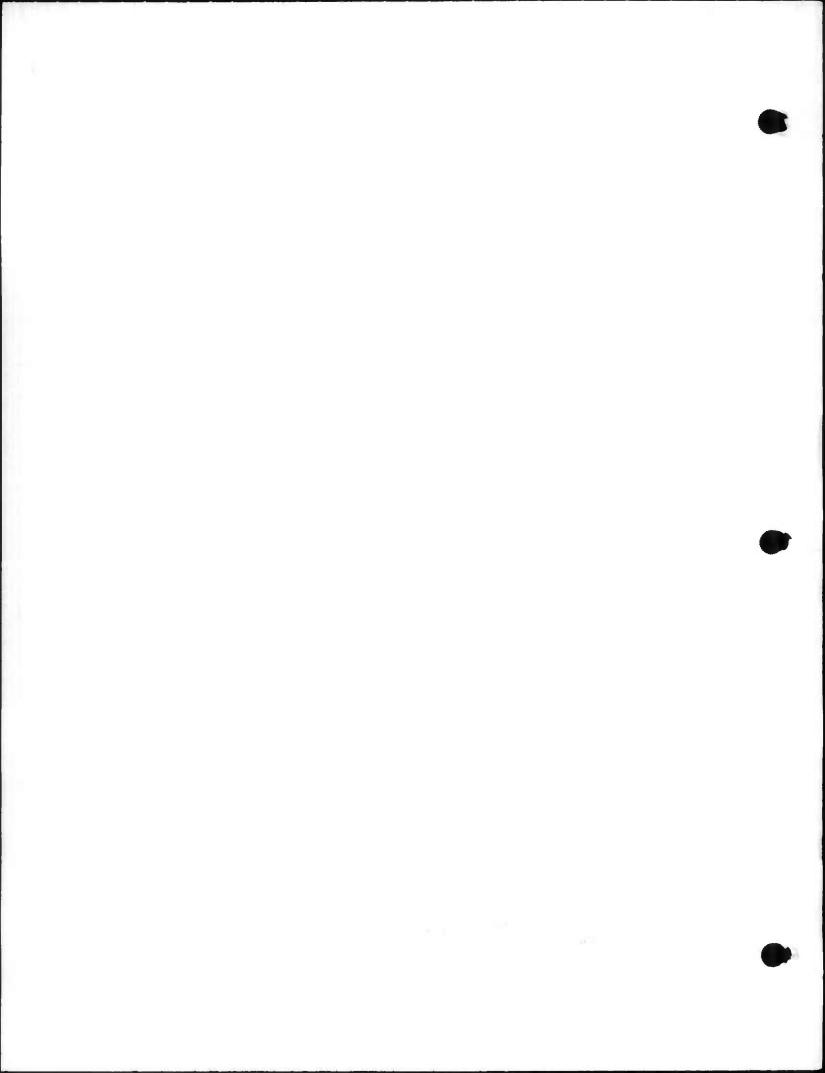
	FOR STATE REGISTRAR	STATE OF MARYLA				IEALTH AND	MENTA	L HYGIEN REG. NO.		Ö	20857
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	212-01-5320	1 □ M 2 🛣 F 8	yrs. lest birthday) YRS.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Monti	от вияти 1, <i>Day, Year)</i> 11, 1		Country)	ARYLAND
TOR	9a. FACILITY NAME (If not institution, give st LUTHERAN HOME RESIDENCE OF DECEDENT	reet end number)		9b. CIT		VILLE	EATH			OF DEAT	
DIRECTOR	10a. STATE 10b. COUNTY	LTIMORE		Y, TOWN							d. INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	100. STREET AND NUMBER 4217 KENSINGTON	ROAD			10	21229					T COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13.	If yes, sp	ENDENT OF HISPA ecify Cubsn, Mexico 2 X NO Specific	an, Puerto I	i? (Specify Yes Rican, etc.)	or No-	4. RACE — Black, W Specify:	American Indian, thite, etc. WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT un	work done	during mo		16b.	KIND OF BUS	RAL C		
BE COM	17. FATHER'S NAME (First, Middle, Last) WILLIAM RAE					18. MOTHER'S NA	11-17		Surneme)	OVER	THE T
10	190. INFORMANT'S NAME (Type/Print) BONNIE POMPONIO	/ NIECE				PLACE, (124
	20e. METHOD OF DISPOSITION 1	TOMBMENT Come	PLACE AND DATE	OF DISPO	SITION /N	me of TI	ULYDAI	0 20c. LO	CATION — C	ty or Town,	State ARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICE		Nun C	22. I	NAME A	ON PARK I WILKENS	FUNER	AL HOM	E, IN	ic.	
	23. PART I. Enter the diseases, or consher shock, or heart failure. LimmeDiATE CAUSE (Final	omplications that caused that only one cause on each	the death. Do i ch line.								Approximate interval Between Onset and Death
	disease or condition reaulting in death)	DUE TO (OR AS A C	en o ca	rci	n on	a of Pa	enci	lan			3 month
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A C	crear	ic	m	488					
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF	F):							
	PART II. Other significant conditions					g cauae given in	Part i.	24e. WAS AN			RE AUTOPSY FINDINGS AILABLE PRIOR TO
MEDICAL	Congestive	Heart Fai	Jure			Y	_	1 TYES 2	NO	CO OF	MPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		B. PLACE OF DEAT	TH (Check	only one)	UNCERIAI	иПІ		-		
IYSI	1 YES 2 NO	1 Inpatient 2 ER/Output			rsing Horr	e 5 🗆 Residence					
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)		M	1 🗆	RK? res 2 No	28d. DE\$	CRIBE HOW IN	JURY OCCU	RED	
	3 Suicide 8 Could not be determined	26e. PLACE OF INJURY — building, atc. (Specify	– At home, ferm, (street, fac	tory, offic		26f. LOCA City of	ATION (Street a or Town, State)	nd Number o	Rural Route	Number,
COMPLETED		CIAN: To the best of my knowled R: On the besis of examination of									d menner es stated.
8	296. SIGNATURE AND SITLE OF CERTIFIER					29c. LICENSE NUI 10 366	MBER		29d. DATE	SIGNED (Mo	rith, Day, Year) 2, 1996
2	30. NAME AND ADDRESS OF PERSON WHO	000000000000000000000000000000000000000				- 700			Va	vy 7	11116

DRIVE, ROCKVILLE, MARYLAND

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CHRISTOPHER -SCHEMM,
31. DATE FILED (MODIT). D. 1996

20850



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

					Cer	titica	te or	Death		F	Reg. No.		
Physician	1	Decedent's Neme (First, Middle, Last) CARRIE JEANETTE								2. Deta of Deeth Month Dey Yaar JULY 4,1996 5:45			
/Medical Examiner		4a. Facility Name (If not institution, gi			SMIT	H		4b. City, Tow	m, or Location				5:45
Funeral				ga (In yrs. last I		If Unde	r 1 Yaar	a P I. A ' If Undar 2 Hours	TA 4 Hrs. 8. Dat Min. (Mo	te of Birt	CHARL 7, Year) 3, 1923		placa (Stata or
Director		0 0 6 - 1 4 - 3 8 0 1 Usual Residence of Decedent	IUM ABT	73	Yrs.				Ju	INE 2	3,1923	MA.	ÎŃE
r 28a-f show a notified at frector		W. VA. MARION		c. City, Town or Location					1				
a or 28s	5	10e. Street end Number		10f. Zip Code 2 6 5 5 4					10g. Citizan of What Country? U . S . A .				
svarifier must be notified at by Funeral Director	oy ruiteia	11. Marital Status 1 □ Nevar Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	Ever In U,S. ? No	If Yas, specify Cuben, Mexican, Pue					(Specify Yas or No- 14. Raca - Amaric				
"natural ledical l		15. Decedent's E (Specify only highest gr Elementery/Secondary (0-12)	54)	16e. Decedent's Usuel Occupation (Give kind of work dona during most of workir life. DO NOT use retired) NURSING SUPERVISOR					М	16b. Kind of Business/Industry HEALTH			
	2000	17. Father's Neme (First, Middle, Last) EDWARD HAYNON SMITH			18. Mother's N					Neme (First, Middle, Maiden Sumame)			
treum treum		19a. Intorment's Name/Reletionship		19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip. P.O. Box 917, Clendenin, W. Va. 2						2 5 0 4 5			
y or o		20a. Method of Disposition 1 Burial 2 □ Cremation 3 4 □ Donelion 5 □ Othar (Speci	ceme	Ob. Plece of Disposition (Nama of cemetary, cramatory or other place) SIMPSON CEMETERY					Data 20c. Location - City or Town, State 7/96 TAYLOR COUNTY, W				
Departme Importan any injur DDSs.		21. Signature of Funeral Service Lice	nsee //		IV	ES-	PEAI		FUNERA	L H	OMES		
nysician	ARLINGTON, VA 22201 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart feilure. List only one ceuse on each line.									Approximete Interval Betwee Onset end De			
Medical xaminer		Immediata Cause (Final disaesa or condition resulting in death) e. CONGESTIVE WEDRE FOIWNIZ Due to (or es a consequence of):								1	DAYS		
nding physician and use as the buriel-transit	BOROWA	Sequentially list conditions, if any, leading to immediale cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest	b. UR, NA		2Act a consequ	Jence of	Bp51	Topm A	•				Days
ed by the etten detached for u	2	ert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.						23	23b. Did tobacco use contribute to the cause of de				
igned by the detach									101	es 2 No	3 ☐ Prol	bebly 4⊡U	
2 should				24					a. Wes an autopsy performed? 24b. Were auto evallable completic of deeth?			allable prior to impletion of cal	
certificate har rector, page		25. Wes case referred to medical	T							1 🗆 Y		1[Yas 2□ N
5 G 6		25. Wes case referred to medical examiner? 1									y)		
ther the same same same same same same same sam		27. Menner of Death 1 Menuer of Death 1 Pending 2 Accident Investigation 3 Sulcida 6 Could not be	ary Year) 28b	7) Injury Work? M 1 Yes 2 No					8d. Describe how injury occurred				
		4 Homicide determined 286. Piece of injury - At nome, tarm, street, factory, office building, etc. (Specify)										teted.	
thin 24 hour the Funer ompietely fill		(Check only 2 Medical Example)	miner: On the basis o	t examinetion e	nd/or Inve	estigatio	n, in my c	plnion, deeth	occurred et th	e time, o	dete end place, e	end due to	o the cause(s)
N C O		29b. Signature and title of certifier	Kelly	m. D.		28		a number 06018			9d. Date signed	1996	Day, Year)
5	1	50. Name and address of person who	completed cause of c	deeth (IIem 23e	ALF	Print)	VA	, 22	311		,		
State		31. Dete filed (Month, Day, Year)	gulia Babido	A Shaplal	5	/- :	- 01	100					

the Maryland

Baltimore, Maryland 21215-0020

Pages nent of h

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Dey **Physician** Month Vear MARVIN STEPP 04, 1996 JULY 7:50 PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** MCHENRY ST. 1803 BALTIMORE 5. Social Security Number If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 7. Age (In yrs. last birthday) Birthpiece (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** Months Days Hours 1 M 2 □ F Yrs 219-22-7401 68 Director OCT. 16, 1927 North Carolina Usuai Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-f show Director 1 Ves 2 □ No N/A Baltimore 10e. Street and Number 10g. Citizen of What Country? 10f. Zin Code 212 S. Norris Street 21223 USA Funerai 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Black, White, etc. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) and 2 should be filed within 72 hours effer of the either and Mental Hygiene.
It 27 is marked other then "natural", or iter are fraumatic event, the Medical Engineer. 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: by Specify: White 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 3 Night Watchman Auto Salvage Center 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Surneme) Be Ralph Leon Stepp Lena Eunice Overton 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Carolyn L. Stepp - wife 212 S. Norris St., Baltimore, Md. or other 20b. Place of Disposition (Name of cametery, crematory or other place)

Chesapeake Crematory, Inc. 7/08/96 Beltsville, Md. 20a. Method of Disposition 1 ☐ Burial 2 X Cremation 3 ☐ Removal from State Department of Important: If any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Fupural Service Licensee 22. Name and Address of Facility Gary L. Kaufman Funeral Home of Elk., Inc. 5695 Main St., Elkridge, Md. Rant. Enter the disease, or complications that caused Mil dea h. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) a Arteriosclerotic Cardiovascular Disease Examiner Due to (or as a consequence of) Physician/Medical Examiner Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown ASTHMA AND EMPHYSEMA þ 24b. Were autopsy findings eveileble prior to completion of cause of death? Completed 24a. Was an autopsy performed? Inspection 1 ☐ Yes S/ No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner?
1 Yes 2 No Be 26. Piece of Death (Check only one) Hospital: 1 inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5XX esidence 6 Other (Specify) Certification: To 27. Manner of Deeth 28a. Date of injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how Injury occurred 1X Naturai 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner es stated.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner stated.

29c. License number

O.C.M.E.

29d. Date signed (Month, Day, Year)

JULY 05, 1996

Attending Physician: The law requires that the death certificate be executed the burial-trans Box 68760. physiciar for use as signed by the e Division of Vital Records, P.O. page 2 certificate director, this funeral After a 24 hours efter death.

• Funeral Director: Aff

pletely filled in by the fu ò Hospital

To the Hosp within 24 hor To the Fune completely fi

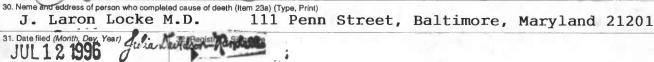
State

29a. Certifier

(Check only one)

29b. Signature and title of certifie

Medical



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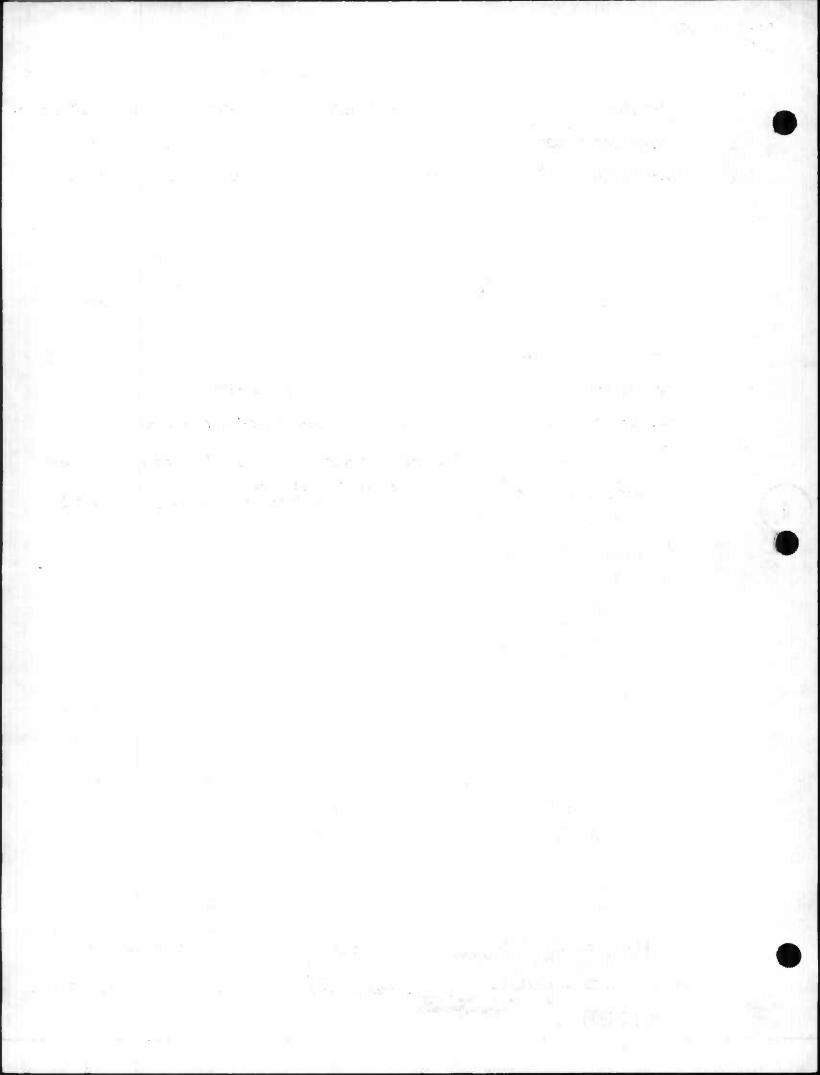
State of Maryland / Department of Health and Mental Hygiene

hysici/Medi		1. Decedent's Name (First, Middle, I	.est)		, Cei				2. Dete of De			3. Time of Deeth	
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Examine		4e. Fecility Neme (If not institution, give street end number)					4b. City, Town, or				4c. County of Deeth		
		STANSBURG PA	RK				n/a			BALT	IMO	RE	
Funeral		Social Security Number 6.		7. Age (In yrs.	lest birthdey)	if Under 1 Year Months Deys		24 Hrs. Min.	8. Dete of Bir (Month, De	rth Nav Voorl	9. Birth	Birthpiece (State or Foreign Country)	
Director		416-68-8384	1XM 2□ F		47 Yrs.	Months Deys	Hours	MIN.		6, 1949	Alabama		
		Usuel Residence of Decedent		1.4							112000		
al Hygiene "natural", of other than "natural",	ctor	alabama 10b. County	a	10c. Ci	ty, Town or Lo TUS(CALOOSA						10d. Inside City Limits 1 ☐ Yes 2 ☐ No	
	Funeral Director	10e. Street end Number 533 beech str		10f. Zip Code 354(Og. Citizen of Whet Country? UNITED STATES			
	-uner	11. Marital Stetus 1 ☐ Never Married 2 ☐ Married	Armed Ford	12. Was Decedent Ever in U,S. Armed Forces?		If Yes, specify Cuben, Mexican, Puer			ecify Yes or No Ricen, etc.)	14. Rec Bla	14. Rece - American India Black, White, etc.		
	by	3 ☐ Widowed 4 🏌 Divorced	1 ☐ Yes 2 No if Yes, Give Year or Dates:			1□ Yes 2ሺNo	Specify:			Specify: Black			
	sted	15. Decedent's (Specify only highest g	Education	cetion 16e. Deced			dent's Usuel Occupetion skind of work done duning most of work DO NOT use retired)			16b. Kind of Business/Industry		ndustry	
	Completed	Elementary/Secondary (0-12) 9th		College (1-4or 5+) life. L			ed)	Or WORK	ng .	various trades			
	Be	17. Fether's Name (First, Middle, Last)							r's Name (First, Middle, Meiden Surneme)				
	10	L.C. Silver	(Trees Dated)					-	Silver				
		19a. Informent's Neme/Relationship Ruth Silver							turel Route Number, City or Town, Stet			· ·	
		20a. Method of Disposition				Beech Street, Tus			Dete Dete	20c. Location - City or Town, Stete			
		1X Buriai 2 ☐ Cremation 3		Helilovei Ilolli State			osition (Name of metory or other plece)						
		4 Donetion 5 Other (Spec		thany Cemetery 7-15-96 Alicevi					lle,	Alabama			
		21. Signeture of Funeral Service Licensee: 22. Name and Address of Facility March Funeral Home											
	-	23a. Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximate											
		shock, or heart feilure. List onl	y one ceuse on ee	ch line.	n. Do not ente	er the mode of dyl	ng, such es c	cardiac o	r respiretory e	rrest,		Approximete Intervel Between Onset end Deeth	
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		diseese or condition resulting in deeth)	e. ATHER		IC CARD								
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sician end		Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	b	Due to (d	or es e conseq	uence of):							
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y trie energing sched for use ex	Medical	thet initieted events		Due to (o	or es e consequer es a consequer	uence of):	ven in Pert I.				ntribute t	o the cause of death?	
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nes been signed by the entending ge 2 should be deteched for use e:	by Physician/Medical	Cause (Disease or Injury that initieted events resulting in deeth) Last		Due to (o	or es e consequir es a consequi	uence of):	ven in Pert I.		1 D	Yes 2□ No en eutopsy	3 ☐ Pro	deere eutopsy findings elieble prior to empletion of ceuse deeth?	
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ins cermicate has been signed by the eltertaing all director, page 2 should be deteched for use e.	To Be Completed by Physician/Medical	25. Wes cese referred to medical exeminer? 1 Neture State State 27. Menner of Deeth 1 Neture State 28. Accident 3 Suicide 4 Homicide 29a. Certifier 1 Certifying P	Hospitel: 1 In Ing. 28e. Date of (Month, on 28e. Place o	Due to (o Due to (o th but not resi patient 2 Injury Dey Yeer) If Injury - At ho, etc. (Specify	r es a consequence es a	uence of): uence	26. Plece ender the please of	sing Hor	24e. Wes performe 5 Results Results Results City or Toward due to the	Yes 2 No en eutopsy ormed? Yes 2 No one) dence 65 Oth how Injury occur Street end Number, Stete) ceuse(s) end me	3 Pro 24b. Weyer of of 1 limiter (Special red) and or or Rural services and services and services and services and services and services are services and services and services and services are services and services and services are services and services are services and services are services and services are services and services are services and services are services are services and services are services and services are services and services are services are services and services are servi	ere eutopsy findings eileble prior to impletion of ceuse deeth? SCENE	

State Registrar

111 Penn Street, Baltimore, Maryland 21201

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

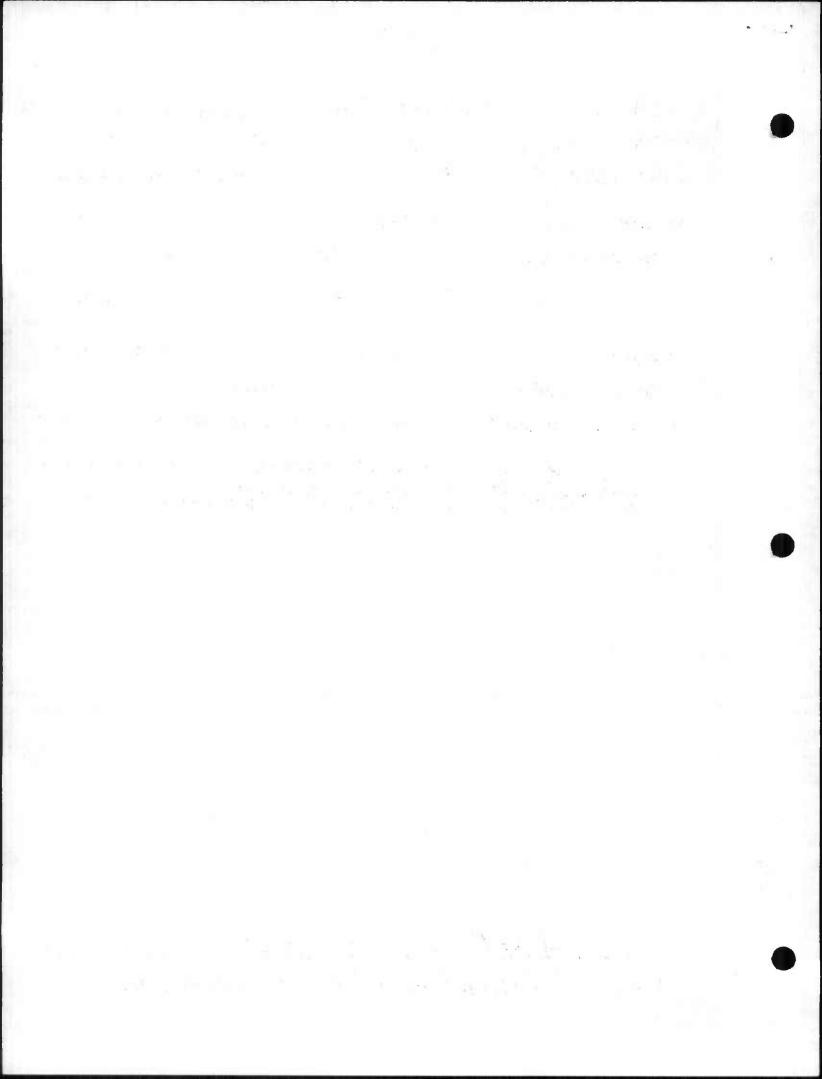


State of Maryland / Department of Health and Mental Hygiene 96 2086 |

					Ce	rtificate c	of Death		Reg. No.		.0001
hysician		. Decedent's Nema (First, Middle,						2. Dete of De Month	Dev	Year	3. Time of Death
/Medical	-	LILLIE MAY						JULY		1996	2015 PM
Examiner	4	a. Facility Neme (If not institution,	giva street end nur	nber)			4b. City, Town,	or Location of Deat	th 4c. County	of Death	
		St. Agnes Hosp						timore		/ A	
ineral	5		Sax 1□M 202F	7. Aga (In yrs.		If Undar 1 Ye Months Da	ys Hours W	in. 8. Date of Bi	rth ey, Year)	9. Birthp	placa (State or Foreign ntry)
ector	-	214-22-8744 Jsuel Residence of Decedent		88	3 118.			MAY 29,	1908	Mary	land
of all	-	0a. Stata 10b. County		10c. C	ity, Town or Lo	ocation				1	Od. Inside City Limits
rector			I/A		Baltimo						1)⊈ Yes 2 No
ect.	-		1/ A		oar crilic						
iner must be notified Funeral Director	1	0e. Street and Number				10f. Zip Cod			10g. Citizen of		itry?
rai	-	1851 Ramsay St.	1			212				USA	
nu	1	1. Marital Status	Armed Fo	ident Evar in U rces?	J,S. 13.	Was Dacedent of If Yes, specify C	of Hispenic Origin? Suban, Mexican, Pu	(Specify Yes or No erto Rican, etc.)	o- 14. Red Ble	ce - Amaric ck, White,	
by F		1 Nevar Married 2 Marrie	If Yes, Giv	Θ		1 □ Yes 2 ☑ X	No Specify:		Specif	v: wh	ite
		3 ☑ Widowed 4 □ Divorced	Yaar or D	etes:			· 				
Completed		15. Decedent's (Specify only highest	Education grade completed)		16a. Dece (Give	dent's Usuel Oc kind of work do	cupation ne during most of I tired)	working	16b. Kind of B	usinass/Ind	dustry
dwo		Elementery/Secondery (0-12)	College (1	-4or 5+)			tired)		0	Hana	
ပိ	-	6			HOII	nemaker	T	r		Home	
B	ľ	7. Father's Nema (First, Middla, Li	ist)					Name (First, Middle			
2		John Kessler			1		Ne	llie M. (Colhouer		
	1	19e. Informent's Name/Relationshi	(Type, Print)		19b. Meili	ng Address (Str	eet end Number or	Rural Route Numb	per, City or Town	, Stete, Zip	Code)
any injury or other traumatic event, in once. To Be Co		Linda C. Ross	– daugh					Baltimor	re, Md.	2122	:3
3	2	0a. Method of Disposition 1X) Burlel 2 □ Cremetion 3	□Removal from	20b. I	Plece of Dispo cemetery, crea	osition (Neme of metory or other	plece)	Dete	20c. Location		
Š		4 Donation 5 Other (Spe		Jiaia	Loudon	Park Ce	emetery	7/11/96	Baltim	ore,	Md.
E al	1	1. Signature of Popular Sarvice Li	censaa	1			dress of Fecility				
8		De Maria	11	lug				uneral Ho		lk.,	Inc.
	+	23e. Pert Fnter the disease, or co	omplications that c	ausal the dea	th Do not an	395 Mair	St., El	kridge, M	1d. 212	27	Annrovimete
ion	l	23e. Pert1. Entar the disease, or co shock, or haert failure. List or	ly one ceusa on a	ach fing.			, ,				Approximete Interval Between Onset and Deeth
ian ical	L	mmediata Cause (Finel		r	/	1 01					1 ~
ner		disease or condition esulting in deeth)	a	4 my	ocara	quence ot):	ru				5 minules
<u></u>	П		.1.1	Due to (or es e conse	quence ot):					2 1000
Examiner	1		b	angil	10					<u> </u>	3 days
xar	1	Sequentially list conditions, feny, leeding to immediate		Due to (or es a consec	quence of):				į	
100	18	Sequentially list conditions, form, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	c							i	
a as the bunal-transit Medical Examir	1 4	hat initieted events esulting in death) Last		Dua to (d	or as a consec	juance of):				į	
Me as			d							i	
Physician/	L									ļ	
Physician/	P	ert tt. Other significant condition	contributing to de	ath but not res	sulting in tha u	ndarlying cause	given in Pert I.	23b. Dld	tobacco use co	entribute to	the cause of death?
Phy								10	Yes 2 No	3 Prol	bably 4 Unknown
6	-							-			
Completed								24e. Wes	en autopsy ormed?	ev	ere autopsy findings allable prior to
2 should be dat pieted by P	-							-		CO	mpletion of causa deeth?
B E O								10	Yas 2 No	10	☐Yes 2☐ No
BeC		5. Wes casa reterred to medical					28 Place of I	Death (Check only			2100
completally filled in by the funeral director, page 2 Medical Certification: To Be Comp		examiner? 1 ☐ Yes 2 ☑ No	Hospital:	npatient 2	ER/Outpetier	nt 3D DOA	Othor	Home 5□ Resi			50
L E	2	7. Menner of Deeth		t Injury h, Dey Year)	28b. Time of		njury et Vork?		how injury occur		<i>Y)</i>
i i		1 ☑Neturai 5 ☐ Pending 2 ☐ Accident investigat		h, Dey Year)	Injury		Nork? ☐ Yes 2☐ No				
Certification:		3 Suicide 6 □ Could no	be on Diese	of Injury - At h	ome, ferm, etr	reet, fectory, offi	ce	28f. Location	Street and Numb	ber or Rura	I Route Number.
T T		4 Homicide	buildir	g, etc. (Specia	fy)	001, 100101, 0111			wn, Stete)		
0	1	9a. Certifier 1P Certifying	Physiology To the	hast of my kno	vidades desti	a accurred at the	time data and als				
edicai	1	(Check only one)	aminer: On the ba	sis of axemine	otlon end/or in	vestigetion, in m	y opinion, deeth o	ace, end due to the courred et the time,	dete end plece,	end due to	tha ceuse(s)
¥ 5	2	9b. Signetura and titla of certifiar	end menn	er stated.		20e Lie	ensa number		20d Data signa	d /t touth	Day Veerl
	1	Kongoak Cha	tomas	ena	MD				29d. Data signe		11
				//)-914	7	JULY	1,	1776
	3	0. Neme end eddress ot person wh	o completed cause	ot deeth (tter	71 23a) (Type,	Print)					
	K	ONGSAK CHANTOR	NSAENG	ST. AG	MES HO	SPITAL	100 CATO	M AVE. B.	ALTIMORE	E, MI) (
State	3	1. Date filed (Month, Day, Year)		egistrer's Signa						1	
State			The Court	90	-						

DHMH 16 Rev 6/95

Item1,	Fi.	lm737,7/11/96,1t	State of Maryla			of Health and of Death		Reg. No.	6 2	20862
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Examine Funeral Director	er	816 14 1218	aritan ho	. last birthdey)	If Under 1		timor	th 4c. County inth ay, Year) 1924	N/A	ece (Stete or Foraig ly) YLand
how		Usuat Rasidenca of Dacedant 10e. Stete 10b. County	10c. C	ity, Town or Loca	ation				10	Od. Insida City Limite
with the Maryland a or 28a-f show be notfilled at	Director	Maryland N/A 10e. Street and Number		Baltimo	10f. Zip C	oda 1206		10g. Citizen of V		1½ Yes 2□ N
	by Funeral Directo	4606 Seifert Al 11. Meritel Stetus 1 Navar Merried 2 Merried 3 Widowed 4 Divorced	12. Was Dacedant Evar In U Armed Forces? 1 IQ Yas 2 No If Yas, Giva Yeer or Dates: WW 1	10		t of Hispenic Origin? (Cuban, Maxican, Pua	Specify Yes or N rto Rican, atc.)		e - Amarica ck, Whita, a	atc.
thin 72 an "nat	Be Completed	15. Decedent's Ec (Specify only highest gra Elamantary/Secondary (0-12) 9th grade	ducation	16a. Decede (Giva ki lifa. Do	int's Usual (ind of work) O NOT use 2MAN	Occupetion dona during most of wo retired)	orking	16b. Kind of Bu		lompany
d 2 should be filed will th and Mentel Hygien 7 is marked other the traumatic event, the	To Be C	17. Fether's Name (First, Middla, Last, Charles J. Shel					eme (First, Middle evet Si	e, Maidan Sumam nnott	na)	
a tand 2 short Health and Item 27 is ma		19e. Informent's Name/Ralationship (Miriam L. Sheldov 20a. Mathod of Disposition	i (wife)	4606	seife	it Avenue,	Baltimo	re, Mary	land	21206
		1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specific	Hamovai from Stata	Placa of Disposi cematary, crams なれdo NA O		th Cemeter	Data U 7-9	Baltima	10.00	Maryland
permit. Page Department of Important: If any injury or pince.		21. Signature of Futeral Service Liquid	1500	22. SC 33	Name end humun	Address of Fecility 2k Funeral 2hms Lane	Home Baltimo	re. Maru		
Physician Medical Examiner pue	Examiner	23a. Perti. Entar tha diseese, or com shock, or haart tailure. List only Immediata Causa (Final disease or condition rasulting in death) Sequentially list conditions, it has a least of the product of	a. Resp Dua to (or es e consequ	ry ance of):	arrest Pneum			-	Approximate Interval Between Onset and Death
ohysicia the bur	dical	Sequentially list conditions, if eny, laeding to immediate cause. Entar Undarfying Causa (Diseasa or Injury that Initiated events rasulting in daath) Last	c Due to (d	or es e conseque	anca of):					7
y the atter	/ Physician/Me	Part II. Other significant conditions o	ontributing to death but not ra-	sulting in the und	derlying cau	sa given in Pert t.		I tobacco use co		the cause of deat
8 5 8	Completed by						24a. Wa perl	s an autopsy formed?	ava	ra autopsy findings illable prior to npletion of causa daath?
certificate he rector, page		25. Was casa rafarred to medical				Of Diese of De	1 □	Yes 2 No	10	Yas 2 No
F 5 1	tion: To Be	axaminar? 1 Yas 2 No 27. Menner of Death 1 Naturel 5 Panding	28a. Date of Injury (Month, Day Year)	ER/Outpatient 28b. Time of injury	3□ DOA 280 M	Other	Homa 5□Ras	sidance 6 Oth		')
Bill dear Director ed in by the	Certification:	2 Accident 3 Suicide 6 Could not b datarmined		noma, tarm, stree				(Street and Numb own, Stata)	er or Rura	l Routa Number,
Mark A	edical	29a. Certifier 1 Certifying Ph (Check only one) 2 Medicat Exam	ysician: To the best of my known and mennar stated.	owiedga, death o ation and/or inva	occurred at estigation, in	tha tima, data and plac my opinion, daath occ	e, and dua to the urred et the tima	a causa(s) and ma , data and placa,	annar as st and dua to	ated. the cause(s)
To the H within 24 To the F complete	Me	29b. Signeture and titla of certifier	! Solan r	1.2		Icense number 2554	2	29d. Date signed		
10x1		BRYAN S	completed causa of death (Ite	,M.D	rint) G	2554 ood Sam	aritan	hospita	il	
State Registra		31. Data filed (Month, Day, Year)	32. Ragistrar's Sign		2					



State of Maryland / Department of Health and Mental Hygiene

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			(Certifica	te of	Death		Reg. No.		
Dharistan	1. Decedant's Nama (First, Middla, Las	t)					2. Data of De		Yaar	3. Tima of Death
Physician /Medical	Mary H. Scalz	0					July			4:45 P
Examiner	4a. Facility Nama (If not Institution, give	straat and number)			4	b. City, Town, o	or Location of Deet	h 4c. County	of Death	
	2908 Fifth Avenu	e				Balti			ltimore	e
Funeral Director	5. Social Security Number 6. Security Number 11 213-60-4493	7. Aga (In) M 2 X F 44	rs. last birth	Months	Days	if Under 24 H Hours M		th by. Yaar) 0, 1952	9. Birthplac Country Mary	ca (Stata or Foreign Land
tal Hygiena. d other than "natural; or items 23a or 28a-f show event, the Medical Examiner must be notified at Be Completed by Funeral Director	10a. Stata 10b. County	10c.	City, Town	or Location					10d	f. Insida City Limits
is o	Maryland Balti	mat a	R	altimor	10					1 ☐ Yas 2 No
289	10e. Street and Number	moree	Di		p Coda			10g. Citizen of	What Country	0
5 5	2908 Fifth Avenu				212	21				, ,
Pa 2	11. Meritel Status	12. Wes Dacedant Evar in	u.s.	13 Was Dece		0 1	(Specify Yes or No		S. A.	Indian
ar, or tems 23e or 28e-f s Everyfrer, must be notified by Funeral Director	1 ☐ Never Married 2 🛱 Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yas 2 ☒ No If Yes, Giva Yaar or Detes:				Specify:	(Specify Yes or No arto Rican, etc.)	Specif.	ck, White, etc	c.
"natural", edical Exp	15. Decedent's Ed	ucation	16a. D	ecedant's Usu	al Occup	ation	6770	16b. Kind of B	usiness/Indu	stry
them 21's marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at To Be Completed by Funeral Director	(Specify only highest grad	Coilaga (1-4or 5+) 4 Years	9	ifa. DO NOT u BWts		during most of w	orking	Towson	State	
d other event.	17. Fethar's Nema (First, Middla, Last)					18. Mothar's N	ama (First, Middle	, Meidan Surnan	na)	
arked atice	Paul J. Lawler					Hele	n Mary De	obry		
am a	19e, Informant's Name/Ralationship (7	ype, Pnint)	19b. N	Malling Addras	s (Street	end Numbar or	Rural Routa Numb	er, City or Town,	State, Zip C	oda)
ther tra	Francis X. Scalze	(Husband)	290	8 Fift	h Au	enue. Be	altimore,	Maryla	nd 212	34
m 3r	20a. Mathod of Disposition 1 ⊠ Burial 2 □ Cramation 3 □	Ramovai from Stete	. Place of D cemetary,	isposition (Na crematory or	ma of othar plac	a)	Data	20c. Location	- City or Town	n, Stata
ortant: If Ite	4 □ Donation 5 □ Other (Specify, 21. Signature of Funeral/ Service License		VLKWOO				and the same of th		ore, M	laryland
Depertment Important: It any Injury o	23a. Part1. Enter the disease, or compshock, or heart failure. List only of	tre		9705 B	elai	r Road,	Home Inc Baltimor	ie, Mary	land 2	1236
n and ransit Examiner	Immediata Causa (Finel disassa or condition rasulting in death) Sequentially list conditions.	b	o (or as e co	nsequanca of)	:	Cancer			~	240
ing physicia a as the bur Medicai	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last	cDue to	(or es e cor	nsequanca of):						
cla for the						1210 - 214 - 11	1			
detached for us	Part II. Other significant conditions co	ntributing to death but not	rasulting In ti	na undariying (causa giv	an in Part I.		Yes 2 No	3 Probat	he cause of death? bly 4 Unknown
Completed by F								en eutopsy ormed?	evsile	a autopsy findings able prior to plation of cause eath?
E O							10	Yas 20 No	101	Yas 2□ No
Be C	25. Was casa rafarred to medical					26. Placa of D	aath (Check only o			
To E	examinar?	Hospital:	□ ER/Outp	etient 3 De	OA Oth	ar.	Home 5 Alasi		nar (Specify)	
	27. Mannar of Death Natural 5 Pending 2 Accidant invastigation	28a. Deta of Injury (Month, Day Year	28b. Tin Inju	na of Siry M	28c. Injun Worl			how injury occur		
in by	3 Sulcida 6 Could not be 4 Homlolda determined	28a. Place of Injury - A building, etc. (Spe	t homa, fam cify)	, street, fector	y, office		28f. Location (City or To	Street and Numi wn, Stata)	ber or Rural R	loute Number,
To the Funeral Dir completely filled in Medical Cert	29a. Certifier (Check only one) Certifying Phy 2 Medical Exami	sician: To the best of my liner: On the basis of exam and manner stated.	nowledge, o	laath occurred or invastigation	at the time, in my of	ea, data and pla plnion, daeth oc	ca, and dua to tha curred et tha tima,	causa(s) and modata and place,	anner as state and dua to th	ed. na cause(s)
Toth	29b. Signatura end title of certifiar	2		29	c. Licens	number		29d. Dete signe	id (Month, Da	ıy, Year)
1	· Paulle	Paroj ND			D	1658=	7	7/	8/96	
	30. Name and addrass of person who of	omplated cause of deeth (I	tam 23a) (T)	och R	aven	Blow	C, Balt	more ,	mo:	21239
State	31. Date field (Manth, Bay Year)	Sula Degistrar's Si	pature 12					1		

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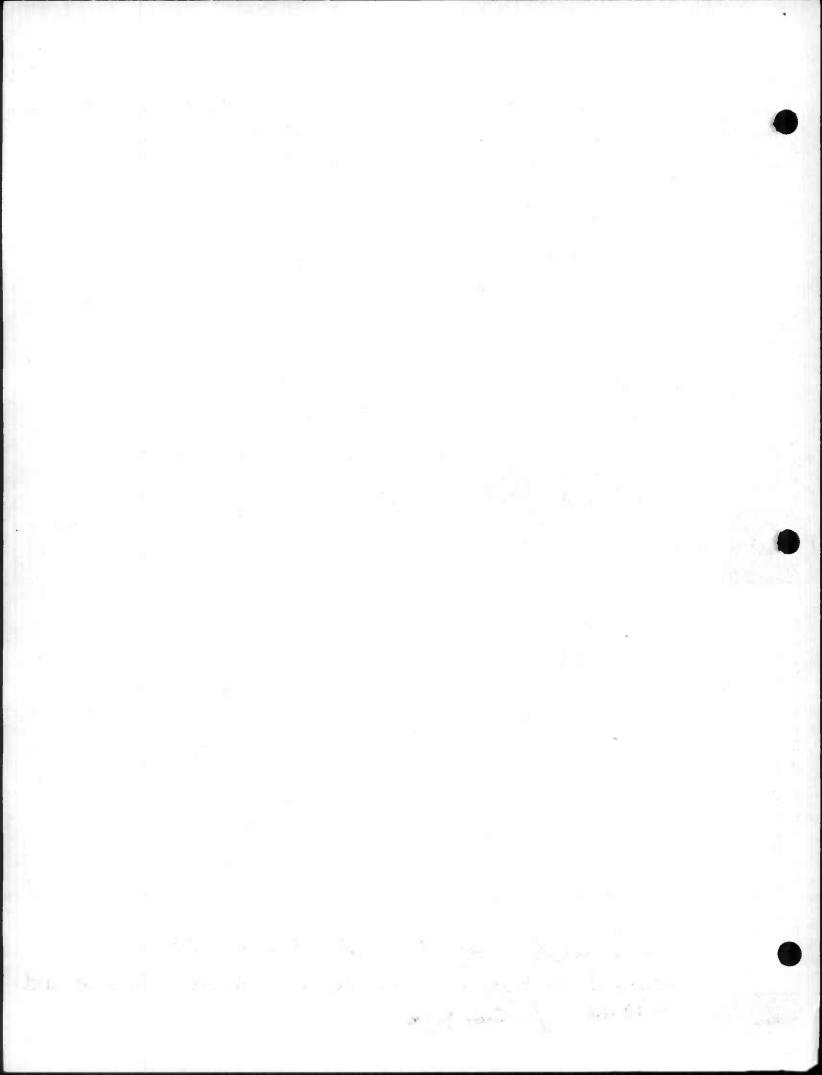
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State of Maryland / Department of Health and Mental Hygiene

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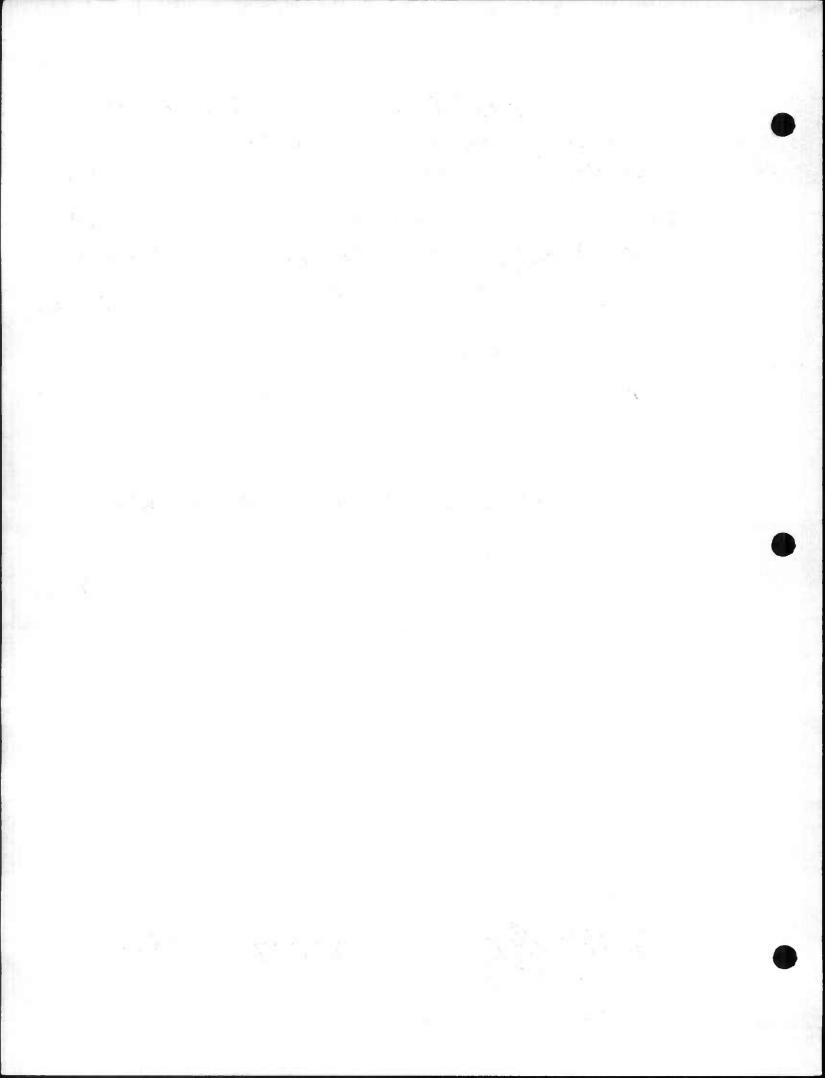
							Cer	titicat	e or	Death			Reg. No.			
nysician Medical		Dorothy Hel										2. Dete of De Month	Dey	10 Yea		Time of Deeth
xaminer		a. Fecility Neme (If not institution Memor								4b. City, To Balti	wn, or Lo More	City		County of De	eth	
neral ector		Social Security Number 220-14-315 Usual Residence of Deceden	3	Sex 1□M 2□XF	7. Age 76	(In yrs. lest bir	thday) Yrs.	If Under Months	1 Year Deys		24 Hrs. Min.	8. Date of Bir Month, Da OCt. 5	h	9.8	inthplece Country) Cy Ta	(State or Fore
fled at	1	Oe. State 10b. Cou	inty	ore		10c. City, Town										nside City Lim
be notified Director	1	0e. Street end Number						10f. Zip	Code				10g. Citize	on of Whet (Country?	
선 이 등		4215 Thorn	cli	ff Rd.					2	1236				U.S.	Α.	
Examiner must be notified at by Funeral Director		1. Marital Status 1 Never Married 2 1 3 Widowed 4 Divor	/arried	12. Wes Dec Armed F	cedent Everes?			Vas Dece Yes, spe	dent of cify Cub	Hispenic Or en, Mexicar	lgin? (Spi	ecify Yes or No Rican, etc.)		Bleck, W	nerican Ir	
ofical Exa		15. Dece	dent's E	ducation	0	16e.	Deced	ent's Usu	el Occu	pation	4 = 6=	to a	16b. Kind	of Busines	ss/Industr	у
t, the Medical		(Specify only his Elementery/Secondary (0-1) (1-4or 5+)	life. E	OO NOT u	se retira	during mos	t of work	ing				
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other traumatic event, the Medical. To Be Completed	1	7. Fether's Neme (First, Mid Franklin R	enn	er							Beu]	e (First, Middle, Lah Po	lach	ek		
r traum		19a. Informent's Neme/Relati Kathryn La					Meilin 21					d. Par	kvil	le Mo	i.	
	2	Oe. Method of Disposition 1 ☐ Burial 2 X Cremeti 4 ☐ Donation 5 ☑ 10the			n State	20b. Place of cemeter.	y, crem	etory or o	ther ple			Date 7 – 1 1		timo		Stete
any Injury or once.		Signature of Funeral Serv	ice L)ce	nsee	h		C	onne	113	ess of Fecili Fun	oral	L Home	Of :	Dunda	alk	
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B B		5. Wes cese referred to med exeminer?	ical	Hospitel: _	,				100		of Deetl	h (Check only o	ne)			
F	-	1 ☐ Yes 2 ☐ No 7. Manner of Deeth		1 1	Inpatient		-		JA			me 5 Resid			pecify)	
cation	6	1 Neturel 5 Per 2 Accident inve	nding estigatio	n	nth, Dey	Year) I	Time of njury	М	1	ryet rk?]Yes 2□	No	28d. Describe			Dunal Da	of Abouton
Certifi		4 ☐ Homicide det	ermined	build	ding, etc.							28f. Location (City or To	vn, State)			
Medical Certi	2	29a. Certifier 1 Certifier (Check only one)	lying Ph cal Exar	niner: On the t	e best of pasis of e nner stete	xamination en	, deeth d/or Inv	occurred estigetion	et the ti , in my	me, dete en opinion, dee	d plece, th occurr	end due to the ed et the time,	dete end p	nd menner lece, and d	es steted ue to the	cause(s)
₩ com		9b. Signeture end title of cer	ifier	100						se number	0			signed (Mo		
		Honar	R	KK	soe	es, 14	D		17	243	5 894	16	JUL	4 10,	1995	
State egistrar		0. Name end eddress of pers Leonard 11. Date filed (Month, Dey, Ye JUL 12 1996	K		S 5 1 Registrer	th (Item 23e) (Inic	Print)		mori						

DHMH 16 Rev 6/95



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				00/11/100	ite of Death	Re	g. No.	
Physicia		Decedant's Nama (First, Middla, Las	" Jerry Ti	Ilman		2. Data of Death	Day	3. Time of Death
/Medic Examin		4a. Facility Nama (If not Institution, giva	street and number)	1	4b. City, Town, o	Location of Death	4c. County	of Death
Funeral Director		5. Social Security Number 6. Sa	7. Age (In yrs.	last birthday) If Und Month	ar 1 Yaar If Undar 24 Hr s Days Hours Mi	s. 8. Data of Birth	Year) 1957	9. Birthplaca (Stata or Foraige Country)
h the Meryland r 28a-f ahow	ctor	10a. Stata 10b. County	10c. Ci	y, Jown or Location	0			10d. Inside City Limits
death with the	Funeral Director	10e. Street and Number	rule Au	101. 2	21201	10	og. Citizan of V	vhat Country?
urs e	þ	11. Marital Status 1 Navar Marriad 2 Married 3 Widowed 4 Divorced	12. Was Decedant Evar In U Armed Forces 1 Yas 2 No It Yas, Give Yaar or Datas:	It Yas, sp	edant of Hispanic Origin? (ecify Cuban, Maxican, Pua 2100 Specify:	Specify Yas or No- rto Rican, atc.)		e - American Indian, k, Whita, atc.
filed within 72 hours eff Hyglene. rther than "natural", or ent, tra Medical Exam	Completed	15. Decedant's Edu (Specify only highast grad	cation (a complated) College (1-4pr 5+)	16a. Decedant's Us (Giva kind of v life. DO NOT	ual Occupation rork dona during most of w use retired)	orking	6b. Kind of Bu	sinass/industry
d de de de de de de de de de de de de de	To Be C	17. Fathar's Nama (First, Middle, Last) Ralph T//man		,, ,	Many	ama (First, Middla, N		
8 = 2 = 1		19a. Intoméant's Name/Relationship (T) Asharah Haan 20a. Mathod of Disposition	19h - Sister 20b. F	19b. Mailing Address Solution (New Markey) or Communication (New M	ss (Street and Number or F	14, ra, N. 4	1490	Stata, Zip Code) City or Town, Stata
permit. Peges 1 ar Depertment of Hea Important: If Item 2 any Injury or other pince.	-	1 ☐ Burial 2 ☑ Cramation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Spacify) 21. Signature of Funaral Sarvice Licens	Authoral From Stata	letry Cre	and Addrass of Facility	7-12-96	Patons	culle, mel
80599		23a Part Enter the disease or come	Brown to dead			300 Wa		Ave.
Physician /Medical Examiner		23a. Part1. Entar tha disaasa, or compi shock, or haart failura. List only o Immediata Causa (Final disaasa or condition rasulting in daath)	na causa on aach lina. Respire	itory Fai	lup	ac or raspitatory arre	o.,	Approximata Interval Batween Onset and Death MINUTES
d d ansit	miner		Pulmona.	rasa consequence o	04			<7 days
2 0 0 1	Vedic	Sequentially list conditions, if any, laading to immadiata causa. Enfar Undarfying Causa (Disaase or Injury that Initiated evants rasulting in death) Last	acquired	if as a consequence of	iency Sy	ndrome		>5 year
thet the death certifice ed by the ettending ph detached for use es th	siclan/	Part II. Other significant conditions con		ulting in the underlying	causa givan in Part I	23b. Did to	bacco use con	tribute to the cause of death
w requires thet the death cer s been signed by the ettendin should be detached for use	by Physician/A					1 🗆 Ye	1	3 Probably 4 Unknow
equire Bn si	leted					24a. Was ar	autopsy led?	24b. Wara autopsy findings available prior to completion of cause
2 S B								of death?
The lew ste hes b pege 2 s	e Completed	25. Was casa rafarred to medical			26 Place of D	1 ☐ Ya		ot daath?
ysician: The lew ls certificate hes b director, pege 2 s	Be	examinar?	fospital: 1 ☐ Inpatiant 2 🗷	ER/Outpatient 3□ [Other	1 ☐ Ya eath <i>(Check only one</i> Homa 5 ☐ Rasida	1)	ot death? 1 □ Yas 2 No
ysician: The lew ls certificate hes b director, pege 2 s	To Be	examinar? 1	28a. Data of Injury (Month, Day Year)	28b. Tima of Injury	OOA Other: 4 Nursing 28c. Injury at Work? 1 Yas 2 No	eath (Check only one Homa 5 Rasidal 28d. Dascribe ho	nca 6 Othe	ot daath? 1 □ Yas 2 No ar (Specify) ed
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ne Hospital or Attending Physician: The iew in 24 hours after death. The Funeral Director: After this certificate has be pletely filled in by the funeral director, page 2 s	edical Certification: To Be	examinar? 1	28a. Placa of Injury (Month, Day Year) 28a. Placa of Injury - At he building, atc. (Specify the specify that is the best of my knower. On the basis of axamina	28b. Tima of Injury M oma, tarm, atraat, factory wiedge, death occurretion and/or invastigation	OOA Other: 4 Nursing 28c. Injury at Work? 1 Yas 2 No ory, office	eath (Check only one Homa 5 Rasidal 28d. Dascribe ho 28f. Location (Str City or Town, se, and due to the ca	nca 6 Other w Injury occurre weet and Number Stata) usa(s) and mai ta and place, a	ot death? 1 □ Yas 2 No ar (Specify) ed er or Rural Routa Number,
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 7/18/96 t.t

Certificate of Death

		-	1 Decedentia Nom-	o /Eirot Middle I an	41					0.000	neg. No.		O Time of Death
	Physic	ian	Decedent's Nem	e (FIFSI, MIGGIE, LAS						2. Dete of De Month	Dey	Yeer	3. Time of Death
	/Medi		RICHARD	ANTHON	Y TARLT	ON				JULY	11, 1	996	8:05 AM
2	Exami		4a. Fecility Neme (/	f not institution, give	street and number)				4b. City, Town, or	Location of Deet	h 4c. County	of Deeth	
			3504 CL	ARENELL RO	OAD				BALTIM	ORE	N/	A	
	Funeral		5. Sociel Security N	umber 6. Se	9x 7. Ag	e (In yrs. last bir		If Under 1 Yeer			rth	9. Birthp	lece (State or Foreign
	Director		220-24-5	5942	∑ M 2□F	66	Yrs.	Months Deys	Hours Min		8, 1929	Coun M.A	ARYLAND
7	,		Usual Residence of	Decedent									
1	M to		10a. Stete	10b. County		10c. City, Tow	n or Loca	tion				1	0d. Inside City Limits
3		ţ	MARYLAND	N/A		BAI	TIMO	RE					1 No 2 No
4	128	Director	10a. Street end Nur	nber				10f. Zip Code			10g. Citizen of \	Whet Coun	ntry?
1	99		350/4 CT	ARENELL R	ΠΔΠ			212	229		U.S.	Δ.	
400	22	era	11. Maritel Status	AKENELL K	12. Wes Decedent	Ever in U.S.	13. We			Specify Yes or No		e - Americ	en Indian.
1	100	Funeral		ed 2K Married	Armed Forces? 1 ☐ Yes 2 🔀	No			Hispanic Origin? (S en, Mexican, Puer	to Rican, etc.)		ck, White,	
	0.1	by	3 Widowed	_	If Yes, Give Yeer or Dates:		10	Yes 2 No	Specify:		Specify	y:	HITE
To begin after door with the balls and	i mellir / z. hous alter deetr with the melyher then. "natursh", or frams 23e or 28e-f show the Medical Examinet must be notified at	8		15. Decedent's Edi	ucetion	16a.	Decede	nt's Usuel Occup	pation		18b. Kind of B		
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alclan: T	certificate rector, pay	Be	25. Wes case referr						26. Plece of De	eth (Check only	one)		
Physician	this certific	2	1 ☐ Yes 2	No	Hospitel: 1 ☐ Inpatie	ent 2 ER/Ou	tpatient	3 DOA Ot	her: 4 Nursing I	lome 5 Res	idence 8 DOth	er (Specify	y)
	ter th		27. Menner of Death	5 Pending	28a. Dete of Inju (Month, De	ry 28b. 1	Time of njury	28c. Inju Wo	ry et rk?	28d. Describe	how Injury occur	red	
or Attending	deeth. :tor: Aft / the fur	atk	2 Accident	Investigetion	, , , , , , , , , , , , , , , , , , , ,		, ,		Yes 2 □ No				
Ame	efter deet Director: I in by the	ti	3 ☐ Sulcide 4 ☐ Homicide	6 ☐ Could not be determined	28e. Plece of inj	ury - At home, fe	rm, stree	t, fectory, office		28f. Location	Street end Numb wn, Stete)	per or Rura	I Route Number,
0	P P P	Certification:	- I romodo		Dunding, et	c. (Specify)				Oily or 10	wii, Olele)		
Hospital	hour mera y fills		29a. Cartifier	ertifying Phy	sician: To the best	of my knowledge	, deeth o	ccurred et the ti	me, dete end plece	e, end due to the	ceuse(s) end ma	anner as st	teted.
		edical	(Check only one)	2∐ Medicai Exami	ner: On the besis of end menner ste	examinetion en	d/or inve	stigetion, in my o	opinion, deeth occi	urred et the time,	dete end plece,	and due to	the ceuse(s)
Tothe	To the	ž	29b. Signature and	Itle of cedifier	11			29c. Licens	se number		29d. Date signe	d (Month,	Dey, Year)
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1	1		TO Name of the	ne sur	1	and the same	7	10/2			2007		
1	0		30. Name and addre	ase of pareon who o	ompleted ceuse of d	eeth (Item 23e) (rype, Pr	Int)	BAZA	z Wi) >1	20	
-	1		11 Date filed (Mark	1 QUANTE	7 40	CAT	010	XIVE	MU	0. 11/2	v ul	/	
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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 20867

				Cen	tificate of	Death		Reg. No.		
ı	Physic	ian	Decedent's Name (First, Middle, Last)	1 1	re 111	105	2. Dete of De Month	eath Dav	Хеат	3. Time of Deeth
	/Medi		CATHERINE MI.	U	JE HH		01	06	96	11:55 A.
1	Exami	ner	4a. Fecility Neme (If not Institution, give street end number) Fallston General Hospital			4b. City, Town, or FALL	Location of Deet STON		ARF	FORD
	Funeral Director		5. Sociel Security Number 6. Sex 1 M 2 F 7. Age (In yrs. lest	birthday) Yrs.	If Under 1 Year Months Deys			oy. Year)	9. Birthp Coun Mary	
	Meryland M-f show	tor	10a. State 10b. County 10c. City, To		cation				1	0d. Inside City Limits 1 ☐ Yes 2 💆 No
	th with the 23a or 28	al Director	10s. Street and Number 519 Westview Road		10f. Zip Code 21015			10g. Citizen of V U.S.A.	Whet Coun	itry?
5-0020	72 hours efter death with the Merylend nature!', or Itema 23e or 28e-1 show dicel Examiner must be notified at	by Funeral	3 X Widowed 4 □ Divorced It Yes, Give Yeer or Dates:	If	Vas Decedent of Yes, specify Cul ☐ Yes 2 1 No	Hispenic Origin? (Spen, Mexicen, Puer Specify:	Specify Yes or No to Rican, etc.)		ea - Americ ck, White, V: Wh	
21215-0	within ene. than	Completed	15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) 8th grade	life. D	ent's Usuel Occu kind of work done OO NOT use retin	petion a during most of wo ad)	erking	16b. Kind of Bi		dustry
Maryland ?	should be filed and Mentel Hygin merked other metic event, to	To Be C	17. Fether's Neme (First, Middle, Last)				me (First, Middle	, Meiden Sumen		
ary	s 1 and 2 should I f Health and Meni item 27 Is marked other traumetic	F		9b. Meiling	g Address (Stree	t end Number or A			Stete, Zip	Code)
7.0	1 end 2 Heaith e em 27 is		Louis A. Wehage (Son)	3916	Grimm R	oad, Jar	rettsvil	le, Md.	210	84
Baltimore,	00==		1 ☐ Burial 2 🗷 Cremetion 3 ☐ Remove trom Stete	tery, crem	sition (Name of natory or other pla int Crem	1	Dete 7/9/96	20c. Location -	•	own, State Maryland
Balti	permit. Pag Department Important: I any Injury o		21. Signature of Fundal Service (Joensee)	22. Sc	Name end Addr Chimunek	ess of Fecility Funeral CPhail Re	Home of	Bel Ai	r, In	c. 1014
	Physician /Medical Examiner	er	23e. Part1. Enter the disease, or complications that caused the deeth. Description of the shock, or heart tellure. List only one cause on each line. Immediate Cause (Finel disease or condition resulting in death) Due to (or estimate of the shock of t						RE PH	Approximate Interval Batween Onset and Death 2 weeks 755 ma and
ox 68760,	h certificate be executed ending physician and r use es the burial-transit	an/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Undertrying Ceuse (Disease or Injury that Initiated events resulting In deeth) Lest b. Lun 6 CF Due to (or es c. DE HYDRA Due to (or es	7ED e consequ	STAT ience of):	E, PR	E-REN	AL AZ	r Lor	be MASS 2 month MIA 2 we
, P.O. B	es that the death or igned by the attended for up	y Physician	Pert II. Other significant conditions contributing to death but not resulting CHRONIC OBSTRUCTIVE					,		the cause of death?
Records,	aw requir	Completed by					24e. Wes	an autopsy ormed?	CO	ere autopsy tindings eileble prior to mpletion ot cause deeth?
	The ate	5					10	Yes 2 No	10	☐Yes 2☐ No
of Vital	ermis certific	n: To Be	27. Menner of Deeth 28e. Dete of Injury 28t	Outpetient	3□ DOA O	her: 4 Nursing I		one) idenca 8 ⊡Oth how injury occur		v)
disjon	per Atlandin sharmouth. Digition: Al	Certification	1 Neturel 5 Pending (Month, Dey Year) 2 Accident 3 Sulcide 4 Homicide determined (Month, Dey Year) 28e. Piece of Injury - At home, building, etc. (Specify)	Injury , farm, stre	M 1	Yes 2□No		(Street end Numb wn, Stete)	per or Rure	I Route Number,
6	A hours	edical Co	29e. Certifier (Check only one) Certifying Physician: To the best of my knowled and menner steted. and menner steted.	ge, deeth end/or Inve	occurred et the t estigation, in my	ime, date end piec opinion, deeth occ	e, end due to the urred at the time,	cause(s) end me dete and plece,	end due to	eted. the cause(s)
	Within To H	Me	29b. Signeture and title of certifies			se number	779	29d. Dete signe		
•	10		30. Name and address of person who completed cause of death (Item 23) ALBERT J. C. Sun, M.D.	3) (Type, P	Print)	ARFOR	DROK	D FALL	5701	1D 21047

Registrar

to all yet to get to get the sky to the top of the field

Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Film G738 item 5 per FH State of Maryl 8-1-96 rja Item10e,19b,Film737 7/11/96,1t Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** Month Howard WINEBRENNER July 1996 11:12 Pm **IMedical** 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner Franklin Square Hospital N/A Baltimore If Undar 1 Yaar If Undar 24 Hrs.

Months Days Hours Min. 5. Social Security Number 558 6. Sax 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) **Funeral** Birthpiaca (Stata or Foraign Country) Days 1 M 2 F Director Yrs. 705-10-7550 81 Dec. 1, 1914 Maryland Usuai Rasidance of Decedant should be filled within 72 hours efter deeth with the Maryland and Mental Hygiene.

marked other than "natural", or flems 23s or 28s-f show 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumetic event, the Medical Examiner must be not fied at 1 Tyas 2 No Director Maryland N/A Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 945 Quantrill Way U.S.A. Funerai 21205 12. Was Decedent Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Maritai Status 14. Raca - Amarican Indian, Biack, White, atc. 1 ☐ Nevar Married 2 ☑ Married 1 ⊠Yas 2 □ No If Yas, Giva Yaar or Datas: WW II Balkimore, Maryland 21215-0020 1 Yas 2 No ģ 3 ☐ Widowed 4 ☐ Divorcad Specify: White Completed 16a. Decedent's Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Eiamantary/Secondary (0-12) Coilege (1-4or 5+) 9th grade Jeweler Jewelry Store 17. Fsthar's Nama (First, Middla, Last) Pages 1 end 2 should be fill ment of Health end Mental Heart: If Item 27 is marked oth lury or other traumetic even 18. Mothar's Nama (First, Middla, Malden Surnama) Be Howard Winebrenner Unknown Julia 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) Quantrill Way, Baltimore, Maryland 21205 Katherine Winebrenner (Wife) 20b. Place of Disposition (Nama of commetary, cramatory or other place)
Garrison Forest
Veterans Cemetery 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Buriai 2 ☐ Crarpation 3 ☐ Ramoval from Stata permit. Page Depertment of Important: If any Injury or once. 4 Donation 5 Other (Spacify) 7-9-96 Owings Mills, Maryland 21. Signature of Funeral Service Libersee 22. Nama and Addrass of Facility Schimunek Funeral Home 3331 Brehms Lane, Baltimore, Maryland 21213 ter the distance or complications that causad the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, heart failure. List only one cause on each line. Approximata Intarvsi Betw Intarvsl Between Onsat and Death **Physician** /Medical Immediate Causa (Final Sepsis 24 hours disaase or condition rasulting in daath) **Examiner** Dua to (or as a consequenca of): The lew requires that the death certificate be executed Sequantially list conditions, if any, leading to immediata causa. Entar Underlying Causa (Disease or injury that Initiated evants rasulting in death) Last Dua to (or as a consequence of). Records, P.O. Box 68760, ettending physiclan for use as the burle Physician/Medical Dua to (or as a consequence of) ed by the deteched Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 No 3 Probably 4 Unknown à 24b. Wara sutopsy findings available prior to completion of causa of death? Completed 24a. Was an sutopsy performed? peen hes Micate 1 □ Yas 2 □ No of Vital Be 25. Was case rafarrad to medical axaminar? 28. Piaca of Death (Check only one) 2 No Spital: 1 Inpatient 2 □ ER/Outpatient 3 □ DOA

28a. Date of Injury
(Month, Day Year)

28b. Time of Injury
Injury

28c. Other: 4 Nursing Homa 5 Residence 8 Other (Specify) P 1 Yas 27. Manger of Death Certification: 28c. tnjury at Work? 28d. Dascribe how tnjury occurred 1 Natural 2 Accident 5 Panding invastigation 1 ☐ Yas 2 ☐ No Attend 3 Suicida 6 Could not be detarmined 28a. Piaca of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Stata) 2 4 Homicida Hospital of 24 hours all Euneral Dietely filled I Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and menner es steted.

Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and dua to the causa(s) and mannar stated. Medicai 29a. Certifier (Check only one) To the To the Comple 29b. Signatura and titla of certifiar 29c. Licensa number 29d. Data signed (Month, Day, Year) RD1909 July 5, 1996 30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print) Dr Emdadul Haque MD 9000 Franklin Square Drive Baltimore Maryland 21237 32. Ragistrar's Signeture Rendelle 31. Data filed (Month, Day, Year) State JUL 1 2 1996 Registrar

And herbitage therein are three starts for the site of the first

ITEMS: 1.

PER F'.H. 26 PER F'ACILITY F'ILM G-737 7/12/96 t.t

1		FOR STATE REGISTRAR
1	-	STATE REGISTRAR

1 - FOR STATE OF I		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)	ELEN CHARLOTTE' WI		2. DATE OF DEATH MONTH DAY	year 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5. SEX 1 ☐ M 2 ☒ F		FUNDER 1 YEAR IF UNDER 24 HRS. HITHE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 9, 19	BIRTHPLACE (State or Foreign Country) Maryland
90. FACILITY NAME (If not institution, give street and number) Genesis Eldercare Perring	Dkun Conton	a. CITY, TOWN OR LOCATION OF D		9c. COUNTY OF DEATH
RESIDENCE OF DECEDENT				Baltimore
Maryland Baltimore	Balti	MORE		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
7804 Beverly Avenue		101. ZIP CODE 21234		10g. CITIZEN OF WHAT COUNTRY? United States
11. MARITAL STATUS 12. WAS DECEDEN	T EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico	NIC ORIGIN? (Specify Yes	
3 X Widowed 4 Divorced IF YES, GIVE V		1 TYES 2 X NO Spech		Specify: White
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	18e. DECEDENT'S US (Give kind of work life. Do NOT use re	UAL OCCUPATION (done during most of working stired.)	16b. KIND OF BUSI	INESS/INDUSTRY
9 17. FATHER'S NAME (First, Middle, Last)	Homemake		Own Hom	
Robert Cole		Anna Anna	ME (First, Middle, Meiden S Church	Surname)
19a. INFORMANT'S NAME (Type/Print) Herman Weisgerber/Son		verly Avenue		. State, Zip Code) Maryland 21234
20e. METHOD OF DISPOSITION 1 X/2 Burlel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify)	20b. PLACE AND DATE OF D cometery, crematory or other Parkwood Ce			ation - city or town, state Limone, Maryland
21. SIGNATURE OF FUNERAL SERVICE LICENSEE BY	ian A. Willem		CUTYLeonard J.	Ruck Funeral Home, Inc.
23. PART I. Enter the diseases, or complications the shock, or heart fallure. List only one ceu	caused tha death. Do not se on each lina.	entar tha moda of dying, suc	h as cardiec or respire	intarval Between
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	(OR AS A CONSEQUENCE OF):	m'a		Onset and Death
Sequentially list conditions 6.	rum 1	Ryelon	ens Se	ukemia y
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	(OR AS A CONSEQUENCE OF):	0 8		,
that initiated events DUE TO resulting in death) LAST	(OR AS A CONSEQUENCE OF):			
PART II Other significant conditions contributing to	death but not resulting in t	ha underlying causa givan in	Part I. 24a, WAS AN A	
afeigs clintic	Carlin	sull	PERFORM 1 TES 2	COMPLETION OF CAUSE
DID TOBACCO USE CONTRIBUTE TO CA	USE OF DEATH YES	□ NO □ UNCERTAI	N D	1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DAO 1 Ingestent 2	26. PLACE OF DEATH (THER:		
27. MANNER OF DEATH 28e. DATE OF (Month, D	INJURY 28b, TIME O	X Nursing Home 5 ☐ Residence F 28c. INJURY AT WORK?	6 ☐ Other (Specify) 28d. DEŞCRIBE HOW IN.	JURY OCCURED
1 Accident 5 Pending 2 Accident investigation 3 Suicide 8 Could not be	F INJURY — At home, ferm, atree	M 1 YES 2 NO	28f. LOCATION (Street en	od Number or Rural Route Number,
4 Homicide determined	etc. (Specify)		City or Town, State)	
(Check only one) 2 MEDICAL EXAMINER: On the basis of examiners of the basis of examiners.				er se stated. due to the ceuse(e) end menner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIER	w/s	29c. LICENSE NUI	MBER	29d. DATE SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	e OF DEATH (ITEM 27) (Type, Pri			
31. DATE FILED (Month, Day, Year) 32. TEGISTR	hudson-Randall			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

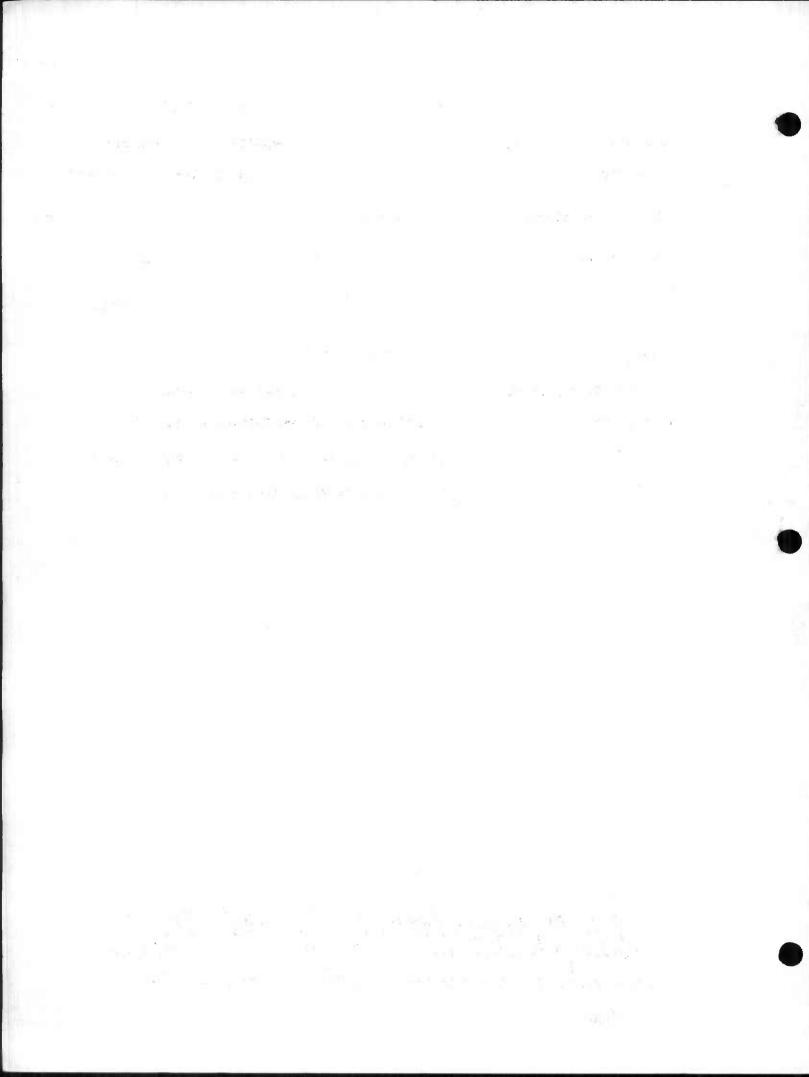
IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

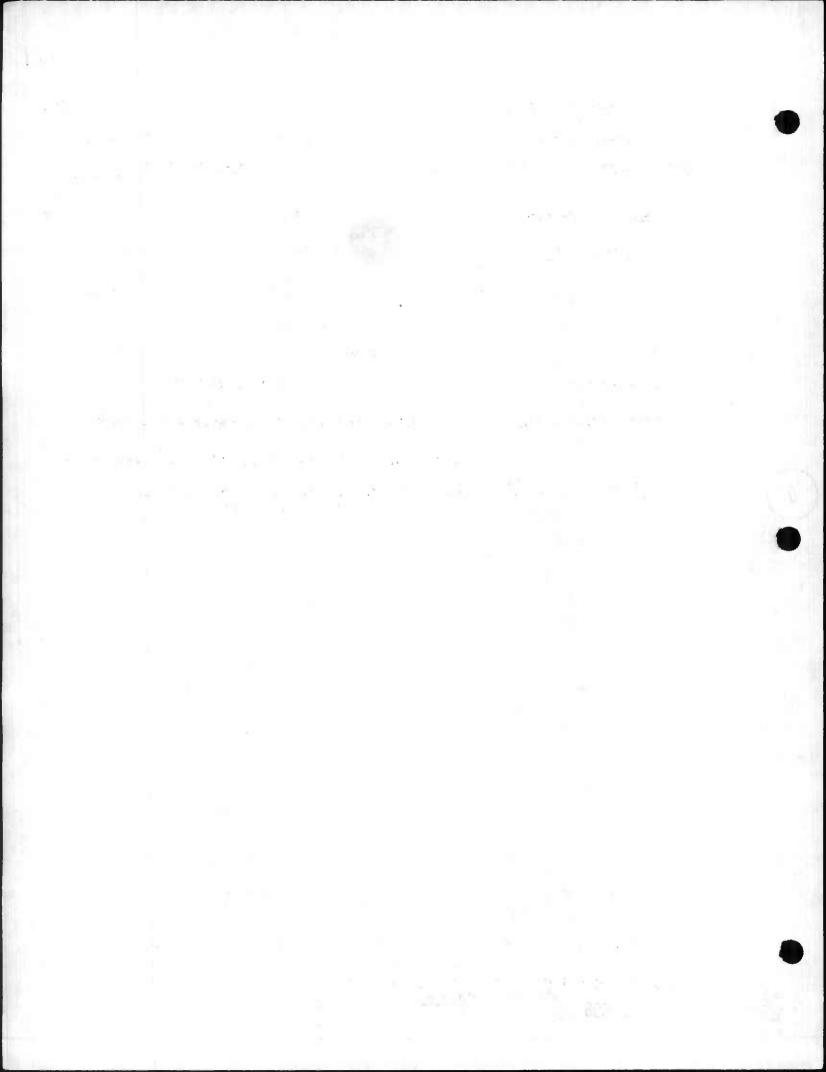
State of Maryland / Department of Health and Mental Hygiene 96 20870

								Certifica	te oi	f Death)		Reg. No.		~ 0 0	10
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7	/Medi Examir		4e. Fecility Neme (If not institut	ion, give	street end numb	ber)				4b. City, To	own, or Lo	cation of Deat		inty of Deeth		
	-Autili		Franklin So	giard	Hosnit	al.				T.	Rossv	1110	Ral	timor	6	
-	Funeral		5. Social Sacurity Number	6. Sa		. Aga (In yrs	. lest birti	ludy/	r 1 Yaa	r If Undar		8. Data of Bir (Month, De			place (State untry)	or Foreign
П	Director		218-80-3059	1.2	M 2□F	35	Y	rs. Months	Days	s Hours	Min.	Jan. 10	y, Year) • 1961		cyland	
	ט		Usuei Residence of Decedent						1				,	1 1012	7 = 0.1.0	
	how	200	10a. State 10b. Coun	,		10c. C	ity, Town	or Location							10d. Inside (City Limits
	Ma Line	Director	Md. Ba	ltin	nore			Essex							1 🗆 Yes	s 2∏No
	h the	Te le	10e. Street end Number					10f. Z	p Code	li .			10g. Citizen	of What Cou	intry?	
	h wit		1222 Beck Av	re.					2	1221			1	USA		
	within 72 hours after death with the Maryland ene. than "natural", or Herns 23a or 28a-f show the Medical Examiner must be notified at	Funeral	11. Marital Status		12. Wes Deced		J,S.	13. Wes Dace			rigin? (Spe	ecify Yas or No Rican, etc.)		Rece - Amer		
0	or he		1 ☑ Never Merried 2 ☐ M	arried	Armed Forc	R-No		_				mican, etc.)		Black, White	, atc.	
02	al', c	b	3 ☐ Widowed 4 ☐ Divorce	be	If Yes, Give Yeer or Det	as:		1 ☐ Yes	2 X NO	o Specify	:		Spe	ecify: Wh	nite	
2-0	72 ho	Completed	15. Deced	ent's Edu	cation		16e. I	Decedant's Usi Give kind of w	Jei Occi	upetion	nt of works	200	16b. Kind o	f Businass/Ir	ndustry	
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2	d win	Ö	12th					Iron	Wor	ker				Iron		
Du	office of the vent	Be (17. Fether's Neme (First, Middl	a, Last)						18. Moth	ar's Nama	(First, Middla	, Meidan Sun	name)		
/la	Vid b Vents	To	William T.	Zahr	ner Sr.					N	Madel	ine B	rennan			
an	sho and s	•	19e. Informent's Neme/Ralatio				19b.	Mailing Addres	s (Stree	et end Numb	er or Rure	Route Numb	er, City or To	wn, Stete, Z	ip Code)	
Z	alth alth		Linda Clift				1	23 Dihe	dia	1 Driv	re Ba	ltimore	e Md.	21220		
ore	of He oth		20a. Method of Disposition				Pleca of	Disposition (Na	me of	lace)		Deta	20c. Location	on - City or T	own, Stata	
E	Pege ent cent cent cent cent cent cent cent		1 Burial 2 Cremetion 4 Donation 5 Other	n 3 ∐F <i>(Specify)</i>	Removei from St	ate	,	Cremato			7/10	/96	Ra1	itmore	5M c	
Baltimore, Maryland 21215-0020	permit. Peges 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental thygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examiner must be notified at once.		21. Signeture of Funerel Service			7	10	T		ress of Fecil		, 50	DOL	LUMOL	. 110 •	
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			shock, or heert feilure. Li	st only	de cause on eac	th line.	1	et attion the thic	40 01 01	ying, such as	s cardiac c	n respiratory a	mest,	1	Interval Be	etween
	Physician /Medical		Immediete Causa (Final				,									
ì	Examiner		disease or condition resulting in death)	3	e Severe	b100	d 10	ss,seco	nda:	ry to	lace	ration	to rig	tht	3 hou	irs
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	ted nsit	Examiner			_{b.} brachi			, to le		radiai	. arte	ery				
	macu al-tra	xa	Sequentielly list conditions, if any, leeding to immediata cause. Entar Underlying					onsequence of):					į		
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387	phys s the	edical	thet initiated events resulting in death) Last			Dua to (or as a co	onsequenca of)	:					1		
×	ding	Σ			d									1		
Box	eath certificate be executed attending physician and for use as the burial-transit	Physician/												i		
P.O.	the d	ysi	Pert II. Other significant condi	tions co	ntributing to deat	th but not re	sulting In	the undarlying	causa g	given in Part	1.	23b. Did	tobacco uae	contribute	to the cause	of death?
σ.	ad by											10	Yes 2 N	io 3 Pro	obably 4] Unknown
Division of Vital Records,	The lew requires that the death certificate be executed ate has been signed by the attending physician and page 2 should be detached for use as the burtal-transit	d by										040 11/00		24b V	Vere autopsy	findings
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ec	lew 168 b 168 b	ldu													of death?	
_	The pag	Completed										10	Yes 20 N	0 1	☐ Yas 2] No
ita ita	Attending Physician: The lever death. sctor: After this certificate hes by the funeral director, page 2	Be	25. Was case referred to medic examinar?							26. Plec	e of Deeth	(Check only	one)			
-	Physic this co	2	1★ Yes 2 No	'	lospitel: 1 ☐ Inp	oatient 2X	ER/Out	petiant 3 D	UA		ursing Ho	me 5□Resi	denca 8 🗆	Other (Spec	ity)	
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Š	or Atte after de Directe I in by t	tific	3√2 Sulcida 6 □ Coul 4 □ Homicide dete	d not be mined	28a. Pleca o	f Injury - At h	ome, fan	m, street, facto	ry, office	0	1	28f. Location (City or To	Street end Ni wn, Stete)	mber or Ru	ral Routa Nu	mber,
	rs after al Dir	Ce			1	femil						222	BERK	AVE	BALTO	MD
	lospi I hou uner sky fill	edicai			aician: To the be											21237
	To the Hospital or Attending Physician: The lev within 24 hours after death. To the Funeral Director: After this certificate hes completely filled in by the funeral director, page 2		one)	0	ner: On the bas	r steted.	- A -	Water 1	a.d	7-1	Auto	Melica	Lexas	nenda		(0)
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	11		30. Neme end eddress of person	n who co									1	1		
	7		Dr. Selwyn Mał	ion	9000 Fr	ankli	n Sq	uare Dr	. B	altimo	ore,	Maryla	nd 21'2	37		
							-									

Registrar



lalan											Reg.				
	1. Decedent's Name (F	First, Middla, L	ast)							2. Date of		Day	Voor	3. Time	of Deat
ysician ledicai	Eliza	abeth	Zeber	clein							10,		Year	9:0	5am
aminer	4a. Facility Name (If no	ot institution, gi	iva straat and nu	ım <i>ber)</i>			41	City, Tov	vn, or Lo	ocation of E	Death	4c. County	of Death		
	521 S. Ma	arlyn A	Ave.					Esse	ex			В	alitr	nore	
eral	5. Social Security Numb	ber 6.	Sax	7. Age (In yrs.	last birthday)	If Undar 1 Y		If Under 2		8. Data o	f Birth		9. Birthp	piaca (Stat	a or Fore
tor	219-18-2432	2	1□M 2□F	8	32 Yrs.	Months D	ays	Hours	Min.	oct.	26,	^{9ar)} 1913			
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9	10a. State 10	0b. County		10c. Cit	y, Town or Lo	cation							1	0d. Inside	City Lim
cto	Md.	Ba1	ltimore					Ess	sex					1 🗆 Y	es 272
ire la	10e. Street and Numbe	er .				10f. Zip Co	de				10g.	Citizen of \	What Cour	ntry?	
a le	521 S. M	Arlyn A	Ave.			146	212	21				U	SA		
by Funeral Director	11. Maritai Status		12. Was Dec	edent Ever In U	,S. 13. \	Was Decadant f Yes, specify	of His	panic Orig	in? (Spe	ecify Yas o	r No-		a - Americ		
	1 Never Married	2 Married	1 TYes	2 No					Pueno	Hican, atc.)		ck, White,		
by	3 Widowed 4 □	Divorced	If Yes, Gi	oatas:		1□Yes 2√2	No	Specify:				Specify	Wh:	ite	
	15.	. Decedent's E	ducation		16e. Deced	lent's Usual O	ccupa	tion			166	o. Kind of B	usiness/In	dustry	
ple	Elementary/Seconda		ada complatad) College (lifa. L	lent's Usual O kind of work d DO NOT usa n	etired)	unng most	of worki	ing					
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ToB	John Re	eiter						I	Emma	MacN	Tamar	a			
	19a. informant's Name		(Type, Print)		19b Mailin	ng Address (Si	traat a						Stata Zin	Code)	
To Be Completed	Michaei														
	20a. Method of Disposit	Zeber	riein	20b. P		Clover		TeA (cour	Date Date		Location -			
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once.	4 □ Donation 5 □	Other (Speci	(fy)	0a	k Law	n Ceme	ete	ry	7/1	12/96	5	Balt	imor	e MI).
SDC6.	21. Signature of Funera	ai Sarvice Lice	nsee	11	22	. Name and A	ddress	of Facility							
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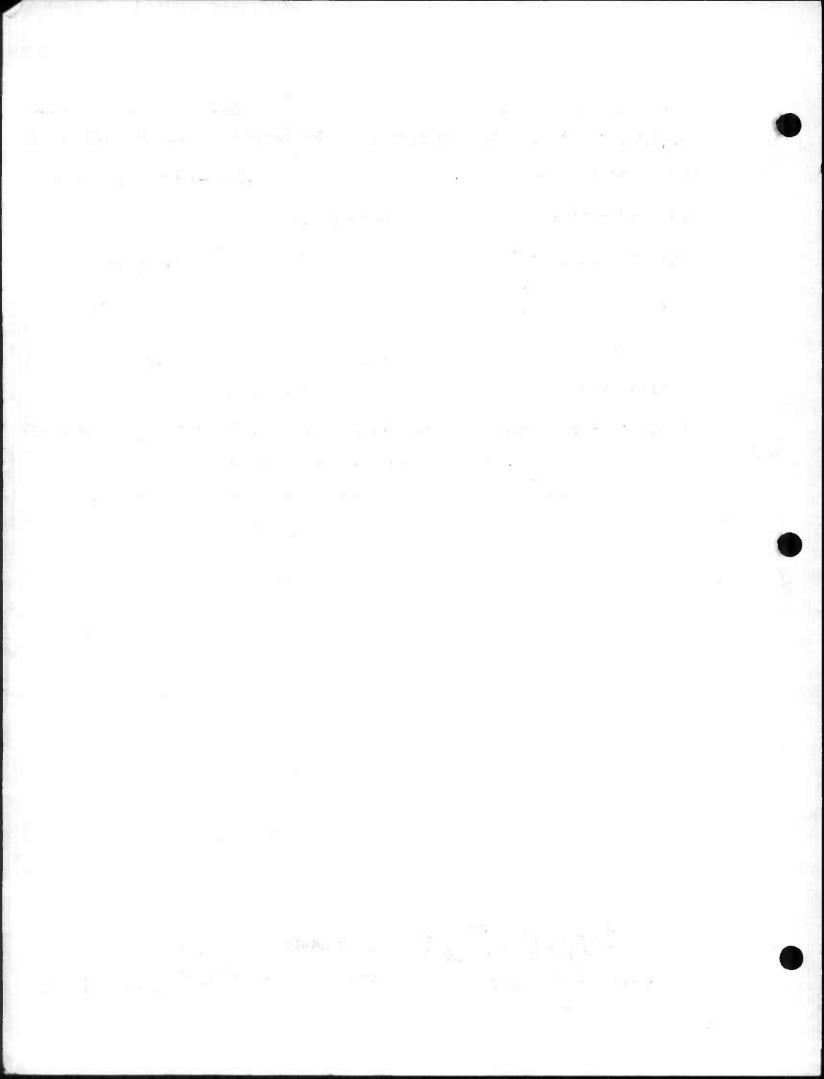


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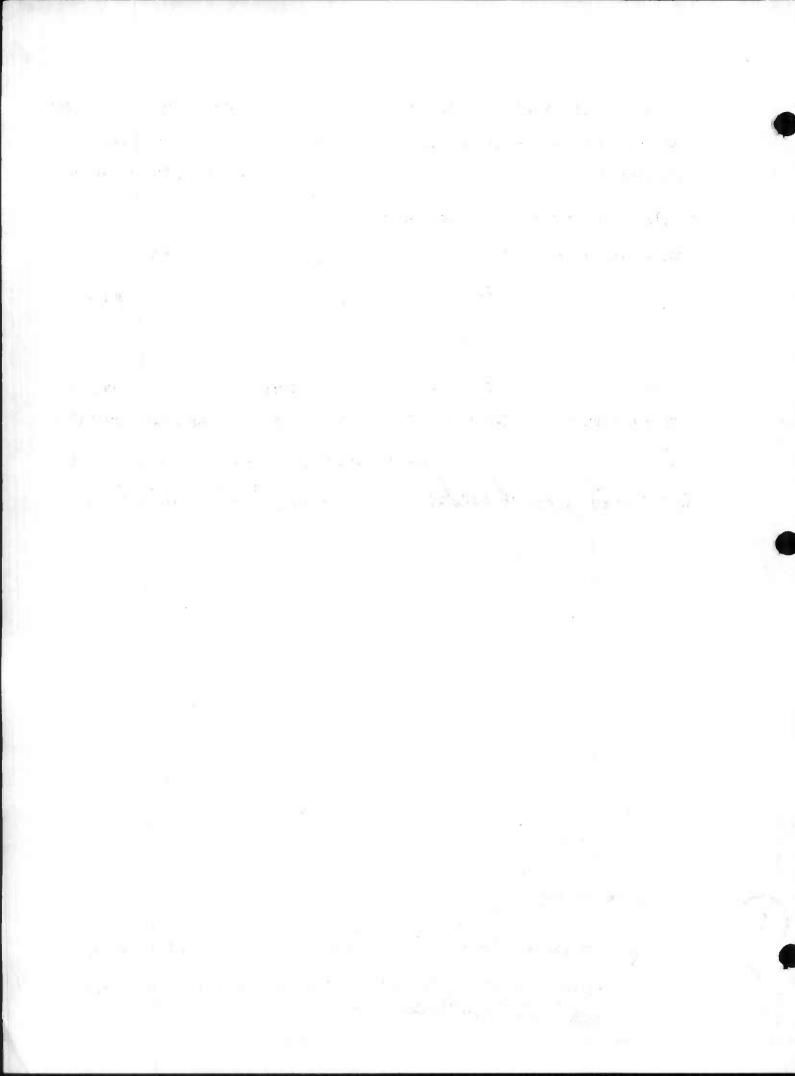


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ertification: To Be		1 ☑ Natural 5 ☐ Panding Invastigation	28a. Place of Injubuilding, atc	ry - At homa, . (Specify)	farm, streat,	factory, office	2	28f. Location (St. City or Town		er or Rural Rout	a Number,
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State of Maryland / Department of Health and Mental Hygiene Q 5

					Cer	tificate of	Death		Rag. No.	20	20014
Dhye	ician	Decedent's Name (First, Middle,	Last)					2. Dete of De Month	eeth Day	Year	3. Time of Deeth
Phys /Me	dical	ANNA JOS	EPHINE	ANDR	ION				11, 1996		12:46P
Exan		4e. Fecility Neme (If not institution,			_		4b. City, Town, or	Location of Deat	th 4c. County	of Deeth	
		Greater Baltim	ore Medical	Center	r		Towson		Balt	imore	2
Funer	al	5. Sociel Security Number		ge (In yrs. lest	birthday)	If Under 1 Year Months Deys	If Under 24 Hrs				elece (Stete or Foreign
Directo	er-	212-01-8126 Usuel Residence of Decedent	^{1□ M} XX ^F 8	4	Yrs.	Months Deys	Hours Min.	December	17,1911		land
ylan		10e. Stete 10b. County		10c. City, T	own or Lo	cation				1	0d. Inside City Limits
Ma	to	Maryland Balti	more	Cocke	eysvi	lle					1 ☐ Yes 2(XNo
h the	Directo	10e. Street end Number				10f. Zip Code			10g. Citizen of	Whet Coun	itry?
h wit		301 Internation	al Circle			21	030		USA		
deat fms 2	Funeral	11. Marital Status	12. Wes Decedent		13. V		Hispenic Orlgin? (S en, Mexican, Puert	pecify Yes or No	o- 14. Rad	e - Americ	
Maryland 21215-0020 12 should be filed within 72 hours after death with the Maryland hand Mantal Hygiene. hand Mantal Hygiene. 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner insult be notified at	by Fu	1 ☐ Never Married 2 ☐ Marrie 3/13/ Widowed 4 ☐ Divorced	Armed Forces			Yes, specify Cub		to Rican, etc.)	Specify: White		
2 hox	8	15. Decedent's	Education	11	6e. Deced	ent's Usuel Occup	petion		16b. Kind of B	usiness/ind	dustry
Pin 7	Completed	(Specify only highest Elementary/Secondary (0-12)	grede completed) College (1-4or	5.)	(Give :	kind of work done OO NOT use retire	during most of world)	rking			1
Z Z With dispense of the state	E	10	College (1-40)	3+)		Homema	ker		Ow	n Hom	10
other the	Be	17. Fether's Name (First, Middle, Li	est)			1101110		ne (First, Middle	, Meiden Sumen		
arylan should be nd Mental marked o	To	Frank	Sp	eargas			Mary			Ziw	vi lena
Short Short	-	19e. Informent's Name/Reletionshi			9b. Mallin	g Address (Street	t end Number or Ru	urel Route Numb	er, City or Town,		
2 = 24 .		Barbara Andrion	Daug	hter (6809	B Bellor	na Avenue	Baltimo	ore. Mar	vland	21212
altimore, mit. Pagas 1 ar partmant of Hea portant: If Itam 2 y injury or other		20e. Method of Disposition		20b. Place	of Dispos	sition (Neme of	T	Dete	20c. Location		
Baltimore, pemit. Pagas 1 a Department of Her Important: If Itam	-	Burial 2 Cremetion 3				etory or other ple		7/45	0 - 11 - 1		4
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Dependent of the property of t	Succe	Zingriature of turierer struck	1 1	. 4		Neme end Addie	Mitc	hell-Wie	edefeld	Home	
		sommes XXXX	henren	apec	65	00 York	Road Bal	timore,	Marylan	d 212	12
	- 12	23a. Part1. Enter the discussion of shock, or heart failure. List of	emplications that cause by one cause on each li	d the death. D	o not ente	er the mode of dyl	ng, such es cardiac	or respiretory	errest,		Approximate Intervel Between
Physicia	_		/								Onset end Deeth
/Medica Examine	_	Immediate Cause (Final disease or condition	· myor	ardi	al a	mfare	noil				acute
LAMINIC	10.0	resulting in death)		Due to (or es	e conseq						
D #	Examiner		- b								
ecute and trans	(am	Sequentielly list conditions,	0.	Due to (or es	e conseq	uence of):					
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ng p											
Box Bath cert attendin for usa	and		d							1	
	Physician	Pert II. Other significant condition	contributing to death b	ut not resulting	g in the un	derlying cause giv	ven in Pert I.	23b. Dld	tobacco use co	ntribute to	the cause of death?
res that the de signed by the a	Į,							10	Yes 2 No	3 ☐ Prob	pably 4 Unknow
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law requires that that es been signed by the	8								en eutopsy	24b. We	ere eutopsy findings
S & B of s	ete							pend	omed?	cor	eilable prior to mpletion of ceuse death?
C a - 8	Completed										
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Physician: The Physician The P	Be	25. Wes case referred to medical exeminer?	Hospital:			Ott	26. Plece of Dee				
Tal di	7	1 ☐ Yes 2 🔼 No 27. Menner of Deeth	1 L Inpatie		Outpetient	3LI DOA	4 LA NUISING H		dence 6 □Oth)
SION tending leath. or: After the funer	Certification:	1 Naturel 5 ☐ Pending	28a." Dete of Inju (Month, De	y Year) 280	Time of Injury	28c. Inju		28d. Describe	how Injury occur	red	
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Or Attending after death. Director: After din by the fune	듣	4 ☐ Homlcide determin	28e. Plece of Inj building, et	ury - At home, c. <i>(Specify)</i>	ferm, stre	et, fectory, office		28f. Location (City or To	Street and Numb wn, Stete)	per or Rura	Route Number,
rai B											
242 V	edical	29e, Certifier TC Certifying (Check only one)	Physician: To the best of aminer: On the basis of end menner sta	f examinetion	ge, deeth end/or inv	occurred et the tirestigetion, in my c	me, dete end piece opinion, deeth occu	, end due to the rred et the time,	dete end plece,	enner es st and due to	eted. the ceuse(s)
DE 200	Σ	29b. Signeture end title of certifier				29c. Licens	se number		29d. Dete signe	d (Month, L	Day, Year)
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5		30. Name and eddress of person wh	1000	eath (item 23a			220 1.1	thervill	w Wal	7.	
		31. Dete filed (Month, Day, Year)	an Department	Jorn	- 10	d Ste 3	occ rut	NEVILL	F 14/00	4	270
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negis	ar car	98FT 9 1330	()	•		2 ²					



State of Maryland / Department of Health and Mental Hygiene

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					Certificate	of Death		Reg. No.		0010
Physici		1. Decedant's Nama (First, Middla, Le	st)				2. Data of De			. Tima of Death
Physici /Medic	_	FREDA MA	ΛE	BRAD	SHAW		JULY	13, 19	96 5	:10 PM
Examin	_	4a. Facility Nama (If not institution, gin	a street and number	er)		4b. City, Town, or	Location of Deat	4c. County	of Death	
		SAINT JOSEP				TOWSON,			LTIMO	RE
Funeral Director		5. Social Sacurity Number 6. S 214-38-0737 Usual Rasidance of Decedant	Sax 7. □ M 2 F	Aga (In yrs. last bii 76	thday) if Undar 1 Yrs. Months	Year If Undar 24 Hr Days Hours Mir	(Month, De	th by. Year) 12,1919	9. Birthplace Country) Arkans	(Stata or Foraign 3.S
show at at		10a. Stata 10b. County		10c. City, Tow	n or Location					Insida City Limits
Too Day	to	Md. Balti	more		Reiste:	rstown				1 Yas 2 No
of the last	Funeral Director	10e. Street and Number 215 Nicodemus F	load		10f. Zip C	oda 21136		10g. Citizan of	What Country?	
Health and Mental Hygiene. The site of th	à	11. Marital Status 1 Nevar Married 2 Married 3 Widowad 4 Divorced	12. Was Decede Armed Forca 1 Yas 2 If Yas, Giva Year or Data	s? XINo	13. Was Decedar if Yas, specify 1 Yas 25	nt of Hispanic Origin? (r Cuban, Maxicen, Pua ☑ No Specity:	Specify Yas or No rto Rican, atc.)		ce - Amaricen i ck, Whita, atc. y: White	
netur	e de	15. Dacedant's E (Specify only highast gr	ducetion	16a.	Decedant's Usual	Occupation	orking	16b. Kind of B	usinass/indust	ry
r than "r	Completed	Elamantary/Secondary (0-12) High School -12-	Collaga (1-40		HouseWil	dona during most of w retired) E	лкину	Own H	lome	
and Mental Hygiene. Is marked other than "	To Be C						ama (First, Middla, Maidan Sumama) a A. Edgemon			
amd N		19a. informant's Name/Ralationship (Type, Print)	19b	. Mailing Addrass (Street and Number or F	Rural Routa Numb	er, City or Town	Stata, Zip Co	da)
27 ls		Mr. Royce W. Brad	shaw Sr.	Husband	215 Nicoo	lemus Rd.	Reisters	town, M	ld. 211	36
of Health Hem 27 r other to		20a. Mathod of Disposition	10	comoto	Disposition (Nama ry, crematory or oth	of ar place)	Data	20c. Location	- City or Town,	Stata
ry art		1 ☐ Burlal 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Special		ta		lon Service	7/15/96	Hamps	tead, 1	ſd.
Department Important: any injury otice.		21. Signature of Funeral Service Lice	1509	· ·		Addrass of Facility		Reister		
8 3 2 2		Kam B	1	.51	ELINE FU	NERAL HOME		rstown,		
hysician /Medical xaminer		23a Part1. Entar tha disaasa, or com shock, or haart failura. List only lemediate Cause (Final disease or condition resulting in death)	ona causa on aach	ARDIAL	INFARCT		ac or raspiratory a	rrast,	Inti On	proximata arvai Batween set and Death
No.	Examiner	-	PERF	ORATED	SMALL BO	OWEL			D	AYS
attending physician and for use as the burist-transit	Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	d	· ·	consequance of):					
0 2	sich	Part II. Other significant conditions of	ontributing to death	but not rasulting l	n tha undarlying ceu	sa givan in Part i.	23b. Did	tobacco uss co	ntribute to the	causs of death
signed by the	by Physician/						10	Yss 2□ No	3 Probabl	y M Unknow
s been 2 shoult	Completed						24a. Was	an autopsy ormed?	availat	autopsy findings ble prior to ation of ceusa th?
ate page	00						10	Yas 2No	1 □ Ya	s 2X No
settific sector,	Be	25. Was case referred to medical examiner?				28. Placa of De	eath (Check only	ona)		
al din	2	1 ☐ Yas 2 🗶 No	Hospital: 1 Inpe	itlant 2 ER/Ou			Homa 5 ☐ Rasi	dance 6 Ott	nar (Specify)	
Aller P	ation:	27. Mannar of Death 1 Natural 5 Pending 2 Accidant Invastigatio	1		Fima of 280 njury M	injury at Work? 1 ☐ Yas 2 ☐ No	28d. Dascribe	how Injury occu	rred	
Direct Direct I in by	Certification:	3 Sulcida 6 Could not b 4 Homicida datamined	28a. Place of	Injury - At homa, fa atc. (Specify)	rm, street, factory, o	office	28f. Location (City or To	Street and Num vn, Stata)	ber or Rural Ro	uta Number,
within 24 hours To the Funeral completely filled	edical	29a. Certifier (Check only ane) 1X Certifying Pr	ysician: To the besis ninsr: On the besis and mannar	of axamination an	, daath occurred at d/or Invastigation, In	tha tima, data and place my opinion, daath occ	e, and dua to tha curred at tha tima,	ceusa(s) and m data and place,	annar as state and dua to the	t. ceusa(s)
Tota	W	29b. Signatura and titla of certifiar	· R	onero	29c. l	icansa number D28982		29d. Data signe	d (Month, Day	(Year)

State Registrar

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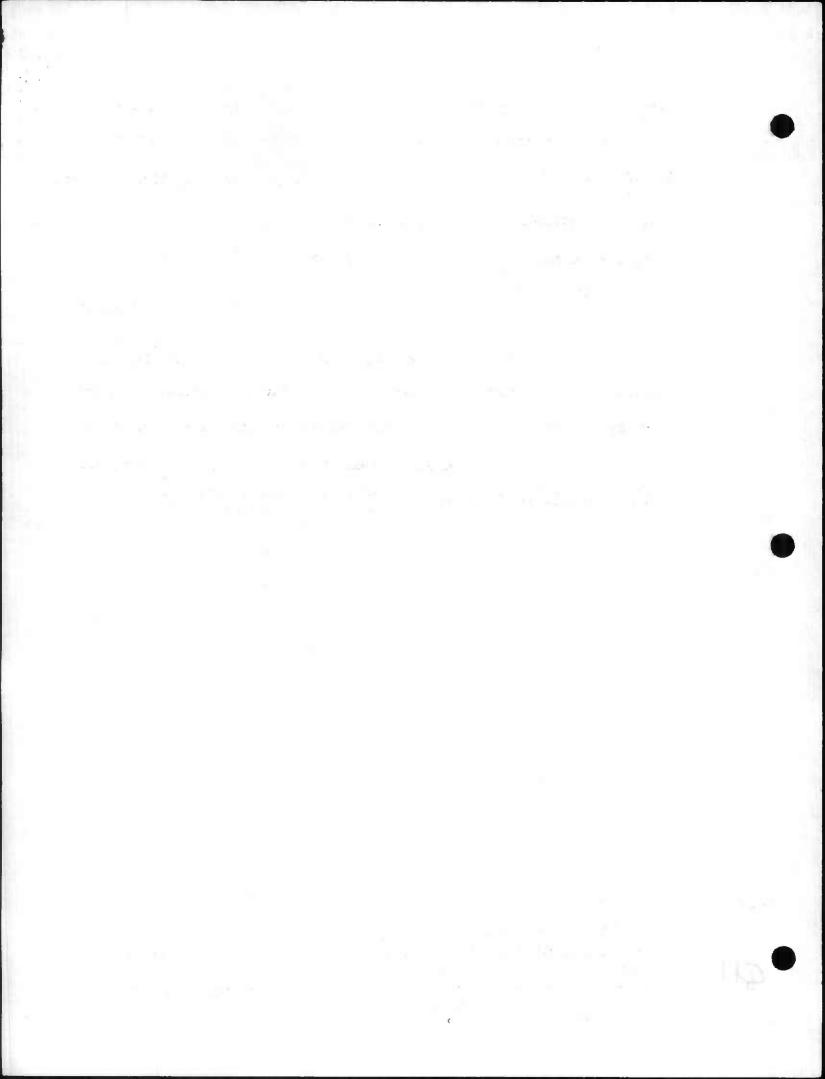
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

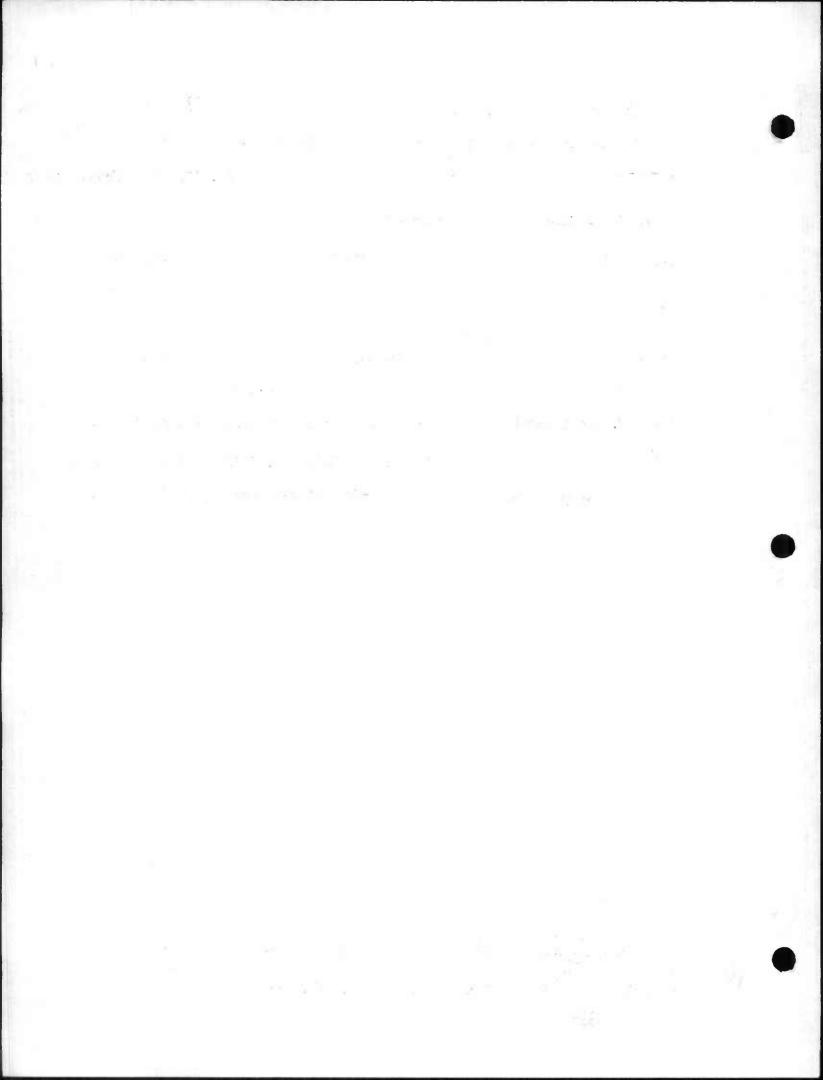
State of Maryland / Department of Health and Mental Hygiene

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						Certillicati	e or	Death			Reg. No.			
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hysicią /Medic		DONALD L	•	BYRNE						JULY	10	1996	10	:02 am
xamine		4a. Facility Nama (If not institut				-	4			cation of Deat		ounty of Dee		
		GREATER BALTI						TOWS				LTIMOF		
ineral		5. Social Security Number	6. Sax		(In yrs. last birt	hday) If Undar Months		If Undar Houre	Min.	8. Data of Bir (Month, Da	th ay, Year)	9. Bir	thpiece (S ountry)	State or Fore
ector	-	200-20-9573 Usual Residence of Decedent			68	10.				Oct. 1	0, 19	927	F	a.
A 111	1	10a. State 10b. Coun	ity		10c. City, Town	or Location							10d. Ins	ide City Limi
200	ŏ	Md. Ba	ltimor	e	Tim	onium							1	Yas 2 k
28	9	10e. Street end Number				10f. Zip	Coda				10g. Citiza	an of Whet Co	ountry?	
8 4		309 Five Farms	Lane			2	109	3			II	S.A.		
"netural", or flems 23a or 28a-f ahow dical Exerciper must be notified at	by Funeral Director	11. Marital Status	12. W	les Decedent E	ver in U,S.	13. Wes Deced		-	gin? (Spe	cify Yas or No		. Race - Ame		an,
28	2	1 Nevar Married 2014	erried 1;	rmed Forces? ∑Yas 2 N		1 ☐ Yes 2			i, Puerto	Hican, etc.)		Bleck, Whit	te, etc.	
E	þ	3 ☐ Widowed 4 ☐ Divorce		Yas, Give ear or Detes:	WW-II	1 Tes 2	ZEN NO	Specify:			8	Specify: Wh:	ite	
edical Ex	Completed	15. Decede (Specify only high	ent's Education	n npleted)	18e.	Decedent's Usua (Give kind of wor life. DO NOT us	Occup	ation	t of worki	16b. Kind o		d of Business	/Industry	
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atic	၉	William		ward	Byr				hryn		ouise		Metz	
other traumatic event, the M		19a. Informant's Name/Relation		'rint)		Meiling Address							2	
Ther	-	Mary Grace By 20a. Method of Disposition	rne			9 Five F Disposition (Nam		s Lan	e Lu	Dete				-10
any injury or other trac		1 ☐ Buriel 2X Cremetion	n 3 🗆 Ramov	ai from State	cemater	, crematory or o	thar plac	(e)	1	Dete	20c. Loc	ation - City or	Town, St	818
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23		23a. Pert1. Enter tha diseese, shock, or heart feilure. Li	or complication st only one ce	ns that ceusad i use on eech line	tha death. Do n	ot anter the mod	e of dylr	ng, such es	cardiec c	r respiretory e	rrest,		Appro	ximate al Between l and Death
ian cal		Immediate Course (Final											Onsei	and Death
ner		Immediate Cause (Final disease or condition resulting in deeth)	Θ	ACUTE M	YOCARDI	AL INFAR	CTI	NC					1 H	OUR
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	뒽	45	b			Y DISEAS	E.						25	YEARS
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	Physician/	Pert II. Other significant condi	tions contribut	ing to death but	not resulting in	the underlying ca	ause giv	en in Pert I		23b. Dld	tobacco u	ss contribut	s to the c	nuse of de
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a director, paga z snould be	To Be Completed	examinar?	Hospit	1 L Inpatian				er: 4 🗆 Nu	rsing Ho	n (Check only me 5 ☐ Res	one) dance 6	□Other (Spe		2 No
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e discourant de la constant de la co	To Be Completed	examiner? 1 Yes 2 No 27. Menner of Deeth 1 X Neturel 5 Pend 2 Accident Inves	Hospit 28	s. Deta of Injung (Month, Day	Year) 28b. T	ima of 2 jury M	8c. Injur Wor 1 🗆	er: 4 🗆 Nu	nrsing Ho	me 5 Resi	one) idance 6 how injury	Other (Spe	ecify)	
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pletely filled in by the funeral director, page 2 should be d	Medical Certification: To Be Completed	examinar? 1 Yas 2 No 27. Menner of Deeth 1 X Neturel 5 Penc 2 Accident inves 3 Suicide 6 Could deter 4 Homicide 29e. Certifier (Check only one) 1 Certify Madical	Hospit 28 ding stigetion d not be a mined 28 ding Physicism al Examiner: Californ who completes the complete strains and the complete strains are complete strains and the complete strains and the complete strains are complete strains and the complete strains and the complete strains and the complete strains are complete strains and the complete strains and the complete strains are complete strains and the complete strains and the complete strains are complete strains and the complete strains are complete strains and the complete strains are complete strains and the complete strains are complete strains and the complete strains are complete strains and the complete strains are complete strains and the complete strains are complete strains and the complete strains are complete strains and the complete strains are complete strains and the complete strains are complete strains and the complete strains are complete strains and the complete strains are complete strains and the complete strains are complete strains and the complete strains are complete strains and the complete strains are complete strains and the complete strains are complete strains and the complete strains are complete strains and the complete strains are complete strains and the complete strains are complete stra	s. Deta of Injury (Month, Day) e. Plece of Injury building, etc. To the best of on the basis of and menner star led cause of de	y - At home, fer (Specify) my knowledge, examinetion ended.	ma of jury M 2 m, streat, fectory deeth occurred of for investigation, 290	8c. Injur Wor 1 : , office et the tin in my o	er: 4 Nu y et K? Yes 2 Nu ne, dete en pinion, dee	No d plece, the occurre	me 5 Resi	one) Idance 6 how injury Street and wn, State) ceuse(s) e date end p	Other (Specocurred Number or R and menner e slace, and dure signed (Mon	ecify) lural Route s stated. e to the ce	e <i>Number,</i> ouse(s)



			State of Maryland / Department of Health and Mental Hygiene Gertificate of Death Reg. No.	20877
	Physici	ian	Decedant's Nama (First, Middla, Last) 2. Data of Death	3. Tima of Death
	/Medie Examir			ath
	Funeral Director		5. Social Security Number 218-46-5047 6. Sex 7. Aga (Ill Yyrs. last birthday) 1 Months Days Hours Min. (Month, Day, Year) Mort. 12, 1902 9. Birth (Month, Day, Year) Mort. 12, 1902 P	irthplaca (Stata or Foraign Country) ennsylvania
	e Maryland	Director	Usual Rasidanca of Dacedant 10a. Stata 10b. County 10c. City, Town or Location Dundalk	10d. Inside City Limits 1 ☐ Yas 2 💢 No
	th with th	al Dire	10e. Street and Number 10f. Zip Coda 10g. Citizan of What Code 21222 United Sta	
020	permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Department of Health and Mental Hyglana. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show important: if item 27 is marked other than "natural", or items 23a or 28a-f show in hylicity or other traumatic event, the Medical Examinat must be notified at DAGS.	by Funeral		
21215-0020	d within 72 ho piana. Ir than "natur the Medical	Completed by	15. Decedant's Education (Specify only highest grade completed) Elementery/Secondery (0-12) 8 years 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Housewife Own Home	
Maryland	ould be filed with Mental Hygiana. arked other than atic event, the M	To Be C		
	1 and 2 should Health and Men em 27 le marker ther traumatic		19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, 6806 5th Avenue Baltimore, Maryland 21	
Baltimore,	Pages 1 gient of Ha nt: If item ry or othy		20a. Mathod of Disposition 1 XBurial 2 Cramation 3 Ramoval from Stata 20b. Placa of Disposition (Nama of comatary, crematory or other place) 20c. Location - City of Communication of Mary Cem. 7/15/96 20c. Location - City of Mary Cem. 7/15/96 20d. Placa of Disposition (Nama of Communication) 20d. Placa of	
Balti	permit. Pag Department Important: I any injury o		21. Signature of Funaral Sarvice Licensee 22. Name and Addrass of Facility	
	Physician		Duda-Ruck Funeral Home of Vundalk, 17922 Wise Avenue Dundalk, Maryland shock, or heart failure. List only one cause on each line.	2122 Approximate Interval Batween Onsat and Death
W 18	/Medical Examiner	-e	immadiata Causa (Final disaesa or condition rasulting in death) a. And i'd Sercomg Due to (or as a consequence of):	2 years
90,	ata be axecuted hysician and the bunal-transit	Examiner		
Box 68760,	es that tha daath certificate t igned by the attending physic be detached for use as tha b	in/Medical	rasuling in deam) Last	
P.O. B	tha daati y tha atte	Physician/M	Part it. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributing to death but not resulting in the underlying cause given in Part I.	
	requires that tha death centifica een signed by the ettending ph hould be detached for use as ti	þ		Probably 4 Unknown . Wara autopsy findings
Records,	has b	Completed	performed?	available prior to complation of causa of death?
Vital		Be	25. Was casa rafarrad to medical examinar? 28. Placa of Daath (Check only ona)	1 Yas 2 UM6
ivision of	inding Physician: ath. r: Ahar this carific	ation: To		ecify)
Divis	or Atta	Certification:	3 Suicida 6 Could not be datarmined 28e. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Injury - At homa, farm, streat, factory, office building, atc. (Specify)	Rural Routa Number,
0	Te the Hospi within 2 edg Te the Funeri completely III	edical	29a. Certifier (Check only one) Certifying Physician: To that best of my knowledga, daath occurred at the time, date and place, and dua to the causa(s) and manner in (Check only one) Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and dual to the causa(s) and manner in the time, date and place, and dual to the causa(s) and manner in the time, date and place, and dual to the causa(s) and manner in the time, date and place, and dual to the causa(s) and manner in the time, date and place, and dual to the causa(s) and manner in the time, date and place, and dual to the causa(s) and manner in the time, date and place, and dual to the causa(s) and manner in the time, date and place, and dual to the causa(s) and manner in the time, date and place, and dual to the causa(s) and manner in the time, date and place, and dual to the causa(s) and manner in the time, date and place, and dual to the causa(s) and manner in the time, date and place, and dual to the causa(s) and manner in the time, date and place, and dual to the causa(s) and manner in the time, date and place, and dual to the causa(s) and manner in the time, date and place, and dual to the causa(s) and manner in the time, date and place, and dual to the causa(s) and dual to	ns statad. ua to tha cause(s)
_	within Te the comple	2	29b. Signatura and titla of contribution of the signed (More D43 427) 7/11/96	nth, Day, Year) / ?
	Uj		30. Nama and addrass of person who complated causa of death (Item 23a) (Type, Print) Eric De Jong 4940 Eastern Avenue, Balto., Md. 21224	T DIN
	Sta Registr		31. Data filed (Month, Day, Year) 22. Registrar's granture	



11/2		G-737 7/15/96 t.t 1. Decedent's Neme (First, Middle	, Last)		Ce	runca	ile oi	Death	2. Dete of Dee	Reg. No. eth		3. Time of Deeth		
Physicia	_			7			D 3	mpc.	Month	Month Dey Ye				
/Medica	_	WILLIAM 4a. Fecility Neme (If not Institution	aive street end	J d number)			BA	TES 4b. City, Town, or L		06, 19		1750PM		
amine	er		*		N.T.						IN-E-M	D COLINEY		
neral		ATLANTIC GEN 5. Social Security Number	6. Sex		1.Li yrs. lest birthda	If Unde	er 1 Year	BERLIN If Under 24 Hrs.	8. Dete of Birt		-	R COUNTY		
ctor		220-72-0525	1∑ M 2□		Yrs.	Months	s Deys	Hours Min.	8. Dete of Birt (Month, De)	y, Year) 10 , 1960	Coun	lece (Stete or Foreign try) Land		
		Usuel Residence of Decedent	A						1102 011	10/1300	, mar	Idila		
1		10a. State 10b. County	7 7 - 1		. City, Town or I	ocation					1	0d. Inside City Limits		
9	Funeral Director	Maryland Anne	Arunde1	F	asadena							1 ☐ Yes 2√ No		
edical Examiner must be notified at	e e	10e. Street end Number				10f. Z	ip Code			10g. Citizen of	Whet Coun	try?		
unt	ā	8402 Lynn Circl	е			21	.122			United	State	S		
	Ine	11. Maritel Status	12. Wes I	Decedent Ever d Forces?	in U,S. 13	Was Dece	edent of I	Hispenic Origin? (Sp an, Mexican, Puerto	ecify Yes or No-		ca - Americ			
8 1		1 Never Merried 2 Marri	ed 1 TY	es 2 No Give				Specify:	r riouri, oto.,					
	a p	3 ☐ Widowed 4 ☐ Divorced	Year	or Dates:				ороону.		Specif	y: Whit	e		
	ete	15. Decedent (Specify only highes	s Education	red)	16a. Dec	edent's Use	uel Occup	petion during most of work	kina	16b. Kind of B	lusiness/Ind	lustry		
other treumetic event, the Me	d L	Elementary/Secondary (0-12)	T	ge (1-4or 5+)				during most of worl						
1			Completed	12 Eathada Nama (Finst Atiddla I				cered	Mas	ter Plumb				
	Be	17. Father's Neme (First, Middle, L Joe C. Bates, J						18. Mother's Nam			ne)			
1	0							Shirley						
		19e. Informent's Neme/Relationsh						t end Number or Rui						
	-	Joe C. Bates, J	r./ Fat					Street, G						
		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremation	3 □Removal fr		b. Place of Disp cemetery, cr				Date 1y 9,	20c. Location	- City or To	wn, Stete		
la la		4 Donation 5 Dother (Sp			Glen Hav	ren Me	em. I	Pk. 19	96	Glen Bu	urnie	, Maryland		
any injury or once.		21. Signature of Funeral Service I.		I	F	irkle	ey-Ru	ess of Fecility Addick Fur Hwy., S.1	neral Ho E., Glen	ome Burnie	e, MD	21061		
sician edical miner	9	23e. Pert1. Enter the diseese, or shock, or heert failure. List of the shock of the		RCOTIC I	NTOXICATI	ON		ng, such es cardiac	or respiretory en	rest,		Approximate intervel Between Onset end Deeth		
	хашп	Sequentially list conditions,	b	Due	o (or es e conse	quence of)):							
i leoit		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest	c	Due	o (or es a conse	quence of)):							
for use as t	II/Mec	, saturing in cooling cool	d											
hed	ysicie	Pert ii. Other significant condition	s contributing to	o death but not	resulting In the	underlying	cause giv	ven In Pert I.				the cause of death?		
8 3									101	/ss 2□ No	3 Prob	ebly 4 Unknown		
pege 2 should									24e. Wes e perfor		eva	re eutopsy findings nileble prior to npletion of cause deeth?		
0	5								1 XY	es 2 No	12	Yes 2□No		
q	U	25. Wes case referred to medical						26. Piece of Deet	h (Check only or	ne)				
L S		exeminer? 1∰Yes 2☐ No	Hospital:	☐ Inpatient	2 ER/Outpatie	nt 3 D	OA Oth	nor:	me 5 Resid		ner (Specify)		
		27. Menner of Death	28e. De	ete of injury fonth, Dey Yea	28b. Time		28c. injui Wo		28d. Describe h					
o ta	2	1 ☐ Neturei 5 ☐ Pending 2 ☐ Accident investige	tion IIII Y	6, 1996	r) Injury UNKNOWI	1 A4		Yes 2 No	UNKNOWN					
Certification.		3 ☐ Suicide 6 Dic ould no determine	ed 28e. Pl		At home, ferm, s	reet, factor	CONTRACT.	112	28f. Location (S City or Town		10			
tleaf		29a. Certifier (Check only one) 1☐ Certifying 2 X Medical E	caminar: On the	the best of my e basis of exer- nenner steted.	knowledge, dea	h occurred	et the tir	me, dete end placa, plinion, deeth occur	end due to the c	ause(s) and ma	anner as st	eted.		
aldu A		29b. Signeture end title of cartifier	ond II	stored.		1.00		se number		29d. Date signe				

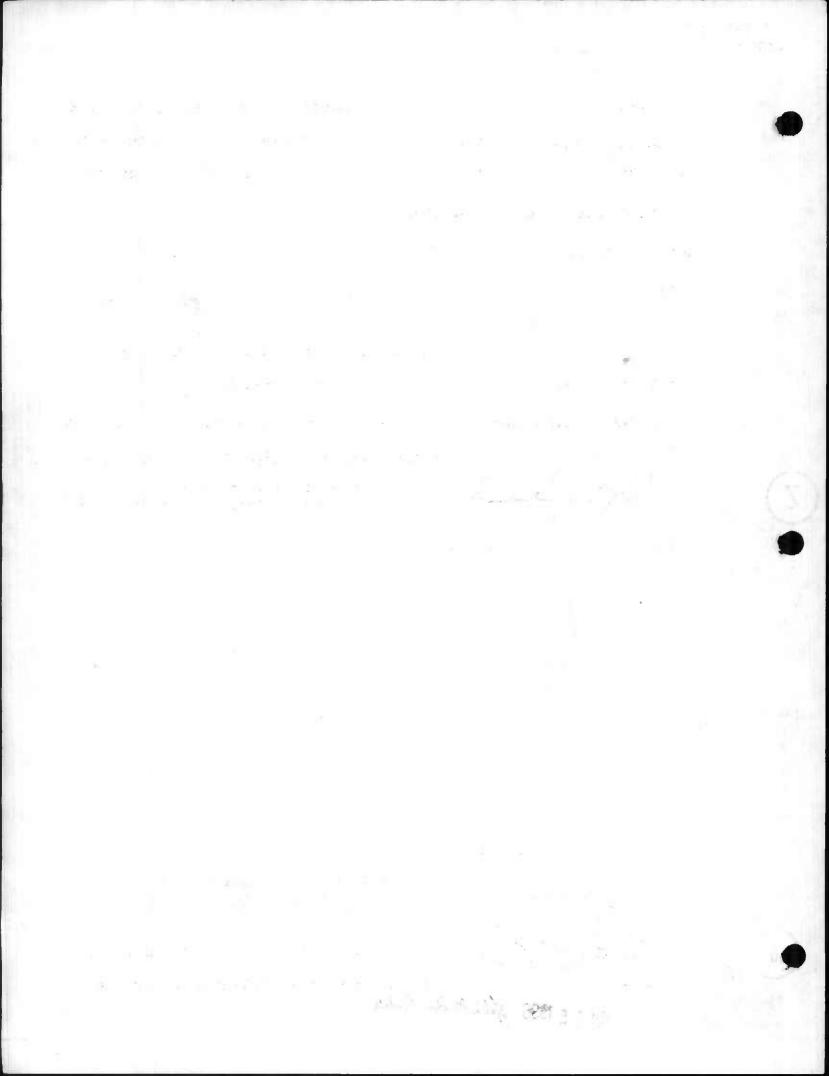
31. Dete filed (Month, Dey, Year) 32. F

30. Name end eddress of person who completed cause of death (item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201

O.C.M.E.

JULY 07, 1996

Registrar



State of Maryland / Department of Health and Mental Hygiene

			Ce	rtificate o	f Death		Reg. No.		20079
Physician	1. Decedent's Nama (First, Middla, Li					2. Data of De Month	eath Day	Yaar	3. Tima of Death
/Medical		L. BARKE	ER		f—————————————————————————————————————	JULY	08	96	00:22.
Examiner	4a. Facility Nama (If not institution, gi	The second secon				or Location of Deat	h 4c. County		
	St. Agnews Hosp			H Haday 1 Va		imore		n/a	
eral ctor		Sax 1□2(M 2□ F 7. Aga (In)	yrs. last birthday) Yrs.	Months Day		Vin. (Month, Di	16, 1921		ace (Stata or Foreig ry) Lnla
or ndat	10a. Stata 10b. County	10c	City, Town or Lo	ocation				10	d. Insida City Limits
ρί	Maryland Anne Ar	undel 1	inthicu	m Height	ts				1 ☐ Yas 2 汉 No
al Director	10e. Street and Number 310 Darlene Aven	ue		10f. Zip Code	21090		10g. Citizan of V	What Count	ry?
by Funeral	11. Maritai Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Evar i Armad Forcas? 1 ☑ Yas 2 ☐ No If Yas, Giva Yaar or Datas: 7 / 4	4 to	Was Decedent of If Yas, specify Co		? (Specify Yas or No uarto Rican, atc.)	Specify	ce - Amarica ck, Whita, a y: Wi	
Completed	15. Decedant's E (Specify only highast gr	ducation	16e. Dece	dant's Usual Occ	upation	working	16b. Kind of B	usiness/indu	ustry
n du	Elementery/Secondery (0-12)	Collega (1-4or 5+)		kind of work don DO NOT usa rati	red)	Working			
S	unknown	unknown	unk	nown				known	
Be C	17. Fathar's Nama (First, Middla, Las: Elmer Justín Bar					Nama (First, Middla Gordon Pa		na)	
To To			401 14 11					allo al	
other traumatic ex	19a. Informant's Name/Ralationship Lisa Barker/Daug	hter	310	Darlene		r Aural Aouta Numb Linthicum			21090
ury or	20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci	Ramovai from Stata	 b. Place of Dispo cematary, cra 	osition (Name of matory or other p	(ace)	Data	20c. Location	City or Tow	vn, Stata
any in	21. Signatura of Funaral Service Lice	S, VanSant			-	ard-655 W and 2120		more s	Street
	23a. Pan1. Entar the disaasa, or con shock, or haart feilura. List only	plications that causad tha c							Approximata Intarval Between
cian								1	Onset and Death
ical iner	Immediata Causa (Final disaasa or condition rasulting in daath)	a MYDCA	RDIAL	INFA	RCT			Ē.	3 days
	Due to (or as a consequance of):								3 days
nin in		·			INOHA	OFTH	= LUNG	6 (o moute
edical Examiner	Sequentially list conditions, if any, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that initiated avants	Dua t	o (or as a consec	quanca of):					
· E	that initiated avants rasulting in daath) Last	Dua to	uance of):						
for use e		V.						ĺ	
detached Physic	Part II. Other significant conditions	contributing to death but not	rasulting In tha u	ndarlying causa	givan in Part I.	23b. Dld	tobacco use co	ntribute to	the cause of death
detac						1 🗆	Yes 2 No	3 Probe	ably 4 Unknow
page 2 should be detached for us. Completed by Physician/						24a. Was	an autopsy ormed?	com	ra autopsy findings labla prior to aplation of causa
omp							va. oMu		eeth?
g o	25. Was casa rafarred to medical				00.01	10		10	Yes 2 No
al director, page 2 s	axaminar?	Hospitel: 1 Inpatient	П50/0		Whee	Death (Check only			
	27. Mannar of Death	28a. Data of Injury (Month, Day Yea	2 ER/Outpaties 28b. Tima o	11 00 001	4 L1 11 (10 10 11	ng Homa 5 ☐ Ras 28d. Dascribe	how Injury occur		,
completely filled in by the funera Medical Certification:	1 Natural 5 Panding 2 Accident invastigatio 3 Suicida 8 Could not be datarmined	n One Blace of Johns A	At homa, farm, str	M 1	☐ Yas 2 ☐ No		Streat and Numb wn, Stata)	ber or Rural	Routa Number,
edical Ce	29a. Cartifiar (Check only one) Certifying Physics (Check only one)	hysician: To the best of my niner: On the basis of exame and manner stated.	knowladga, daati ilnation and/or in	h occurred at tha vastigation, in my	tima, data and p	lace, and dua to tha occurred at tha tima,	causa(s) and ma data and place,	annar as sta and dua to t	ited. tha causa(s)
completely filled in by the	29b. Signatura and titla of certifiar	ens manual states.		29c. Lice	nsa number		29d. Data signe	d (Month, D	ay, Year)
0	Rus Violet	A MD		D C	9.496	76	DULY	0.2	1996
1 1	30. Nama and addrass of person who	complated causa of death (Item 23a) (Type,	Print)		SPITAL			

DIVISION OF VITAL RECORDS, P.O. BOX 6876 BALTIMORE, MARYLAND 21215-0020	1 hou	TO THE FUNERAL DIRECTOR: Atter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION	TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: Atter this be filed within 72 hours after death with	IMPORTANT: If Item 28 is marke

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Las	il)				2. DATE OF DEATH DA		EAR 3.	3. TIME OF DEATH		
		M Blessin	19			4	9	6	1020pm		
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	CE (State or Foreign		
	218-03-0091	218-03-0091 10 m2 ms 02-13-1918 Vitgi									
œ	Pleasant View Nursing Home MT. AIRY Carrol										
<u>0</u>	RESIDENCE OF DECEDENT	Nursing A	sme	MT.	AIRY		Ca	rro	11		
FUNERAL DIRECTOR	10a. STATE 10b. COUL		10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?			
ā		rroll	Mou	Mount Airy					YES 2 NO		
RAL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
N	4101 Old Nation	12. WAS DECEDENT EVER IN	I II C ADMED	2 1 7 7 1 RMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes					American Indian,		
	1 Never Married 2 Married	FORCES? 1 YES	2 V NO	If yes, sp	cify Cuben, Maxica	n, Puarto Rican, atc.)	or No- 14.	Black, W	American Indian, hita, atc.		
В	3 X Widowed 4 Divorced	IF TES, GIVE WAY ON DA	N E S	I I IES	2 X NO Specify	y.	3 3	Specify:	White		
COMPLETED	15. DECEDENT'S E (Specify only highest gra		16a. DECEDENT'S USI	done during mo	ON st of working	16b. KIND OF BUS	INESS/INDUS	TRY			
,E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re			De i	+0				
) ME	17. FATNER'S NAME (First, Middle, Lest)	0	Beautici	an	18 MOTNED'S NA	ME (First, Middle, Maiden	vate				
Ö	Martell Martin F	rancis Blossi	10		and the second second	Margaret 1		On			
BE	19a. INFORMANT'S NAME (Type/Print)	rathers beesser		DRESS (Street a		Route Number, City or Town					
2	Barbara Hudson/Step-daughter 1608 Forest Glen Road-Silver Spring, MD. 20910										
	20a. METHOD OF DISPOSITION 1 General 2 Gremation 3 Removal from State 4 (XDonetion 5 G) Other (Specify)										
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AI	D ADDRESS OF FA	CILITY	(1) D	04:	044		
	Concert Joseph	B. VanSant	_			1 Board-655 aryland 2			iore Street		
	23. PART I. Enter the diseases, o	or complications that caused	the death. Do not						Approximate		
	shock, or heart fallur IMMEDIATE CAUSE (Final	re. List only one cause on ea	ach line.					,,	intarval Between Onset and Daath		
	disease or condition resulting in death) a. PNeumowia										
	DUE TO (OR AS A CONSEQUENCE OF):										
N	Sequentially list conditions to Parkinisons Dicease										
ATIC	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING								,		
FIC	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION	reaulting in death) LAST	d.									
	PART II. Other algnificant condit	lone contributing to death b	ut not requiting in t	he underlyin	r cause given in	Part I. 24s, WAS AN	ALITOPEV	Jan we	RE AUTOPSY FINDINGS		
CAL		e, 6 T bleedin				N PERFOR	MED?	AH	ALABLE PRIOR TO		
: MEDIC	Dialantes Manlin			Free	1)18-60	VES 2	™ NO	OF	DEATH?		
Σ.	DID TOBACCO USE CON	TRIBUTE TO CAUSE O	F DEATH YES	□ NO S		-		1	YES 2 TYNO		
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (7							
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp		THER: X Nursing Non	e 5 🗌 Residence	8 Other (Specify)					
F	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		URY AT	28d. DESCRIBE HOW I	NJURY OCCUP	RED			
ВУ	1 Netural 5 Pending 2 Accident Investigation	on		M 1 🗆	rES 2 NO						
COMPLETED	3 Suicida 8 Could not 6 4 Homicide determined		— At home, farm, stre.	al, factory, offic		28f. LOCATION (Street a City or Town, State)	and Number or	Rurel Route	e Number,		
PLE	29a. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the beat of my know	ledge, death occurred a	it the time, deta	and place, and due	to the cause(a) and mar	ner as stated.		7		
OM	ana!	INER: On the beals of exemination	n and/or investigation, i	n my opinion, o	eath occured at the	time, data and place, an	d due to the o	cause(a) an	d manner as stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIF	TIER UN	7)		29c. LICENSE NUI	MBER 6588	29d. DATE S	IGNED (M	orith, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type, Pri	int)			11	311	9		
	Meivin J. Kor	don und 4	1801 Don	SEY H	911 Dr	rive Ellic	ott Ci	y U	U9 2.042		
	31. DATE FILED (Month, Day, Year) JUL 1 5 1996	Julia Deviden	Pandalla								

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State of Maryland / Department of Health and Mental Hygiene

20881

Physician
/Medical
Examiner

Funeral Director

the Maryland show ral', or items 23a or 28a-f show Examiner must be notified at death v

21215-0020

Maryland

Baltimore,

Pages 1 and 2 should be filed within 72 hours after or and of Healin and Mental Hygiena.

mt: If item 27 is marked other than "natural", or iten ury or other traumatic event, its Mexical Exammer ury or other traumatic event, its Mexical Exammer. Department of H Important: If ite any Injury or ot once.

Physician /Medical Examiner

Box 68760, 8 the P.O. Division of Vital Records, The law has certificate this Affac after death Director:

Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth 3 Time of Deeth Month JULY 07, BROWN 1996 **GERARD** 0007AM DARNELL 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Daath 4c. County of Death JOHNS HOPKINS HOSPITAL E.R. BALTIMORE CITY 7. Aga (In yrs. lest birthday) If Under 1 Yaar If Undar 24 Hrs. Months Days Hours Min. 5. Social Sacurity Number 8. Date of Birth (Month, Dey, Year) Birthplace (Stete or Foreign Country) 1 X M 2 □ F May 22 1976 MARYLAND 218-88-1379 Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 ¥ Yes 2 □ No MARYLAND N/A BALTIMORE CITY 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21213 1417 N. WOLFE STREET U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armad Forces?

1 Yes 2 No ff Yes, Giva Yeer or Detes: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indien, Bleck, Whita, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: h Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 10th grade Food Preparer Fast Food 17. Fether's Nema (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be Austin Ervin Deborah Brown 2 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 1408 E. Oliver St., Baltimore Maryland 21213 Mary W. Brown/Grandmother 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Buriai 2 □ Cramation 3 □ Removel from State 4 □ Donetion 5 □ Other (Specify) 7-13-96 Mt. Zion Cemetery BALTIMORE, MARYLAND 22. Name end Address of Fecility WILLIAM C. BROWN COMMUNITY F/H HOUNN 1206 W. NORTH AVENUE ther the disease, or complications thet ceused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest heart failure. List only one ceuse on each line. Approximete Interval Batwaan Onset end Deeth Hunshot wound of back Immediate Ceusa (Final disaese or condition resulting in death) Examiner Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceusa (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Physician/Medical Due to (or as e consequance of): Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown þ Completed 24b. Were eutopsy findings available prior to completion of ceuse of death? 24e. Wes en eutopsy performed? 1 XYas 2 No 25. Wes cese referred to medical Be 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 27. Manner of Deeth Certification: 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Netural 7-6-96 1 Yes 2 No 2 Accident Unknown Subject shot 3 Suicide 6 Could not be 28f. Location (Street end Number or Flural Route Number, City or Town, State) 2000 Birch Bar Oliver, St., 28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 M Homicide within 24 hours To the Funeral Baltimore City MD 1 Certifying Phyelclen: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and menner stated. 29e. Certifier Medical

29c. License number

O.C.M.E.

29d. Date signed (Month, Dey, Yeer)

JULY 07, 1996

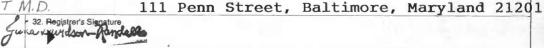
State Registrar

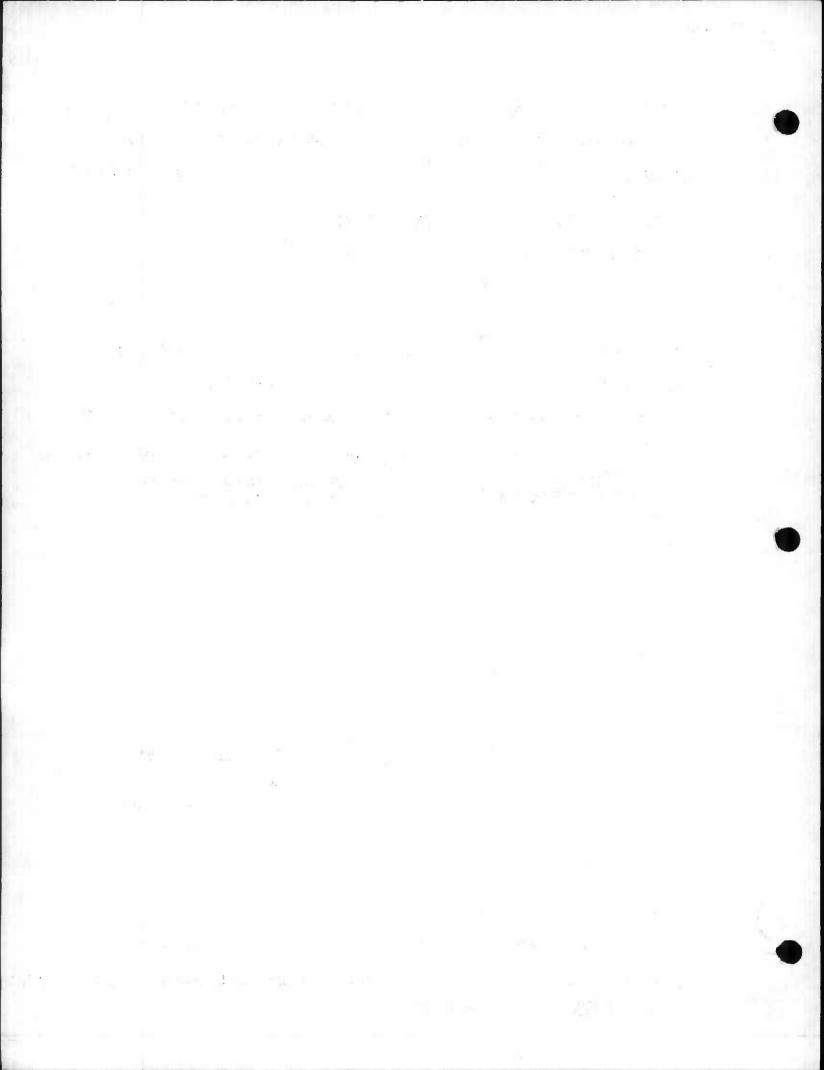
DONALD G. WRIGHT M.D 31. Dete filed (Month, Day, Year) JUL 1 5 1996

29b. Signeture and title of certifier

Donald & Wright M.D.

30. Neme and eddress of person who completed ceuse of death (Item 23e) (Type, Print)





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DIVISION OF VITAL RECORDS, P.O. BOX

HOSPITAL

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permit. burial-transit physician. as the attending use 6 page 5 should be detached for the hospital notified at retained by þe funeral director, medical examiner filled in by the 0 been signed by the attending physician and completely fille it of Health and Mental Hygiene prior to burial, cremation, the other traumatic event. 6 Injury, 23 shows any this certificate has but with the State Dept. OR ATTENDING PHYSICIAN: The law item 0 is marked, DIRECTOR: After the hours after death w 28 TO THE FUNERAL DE SIED WITHIN 72 h

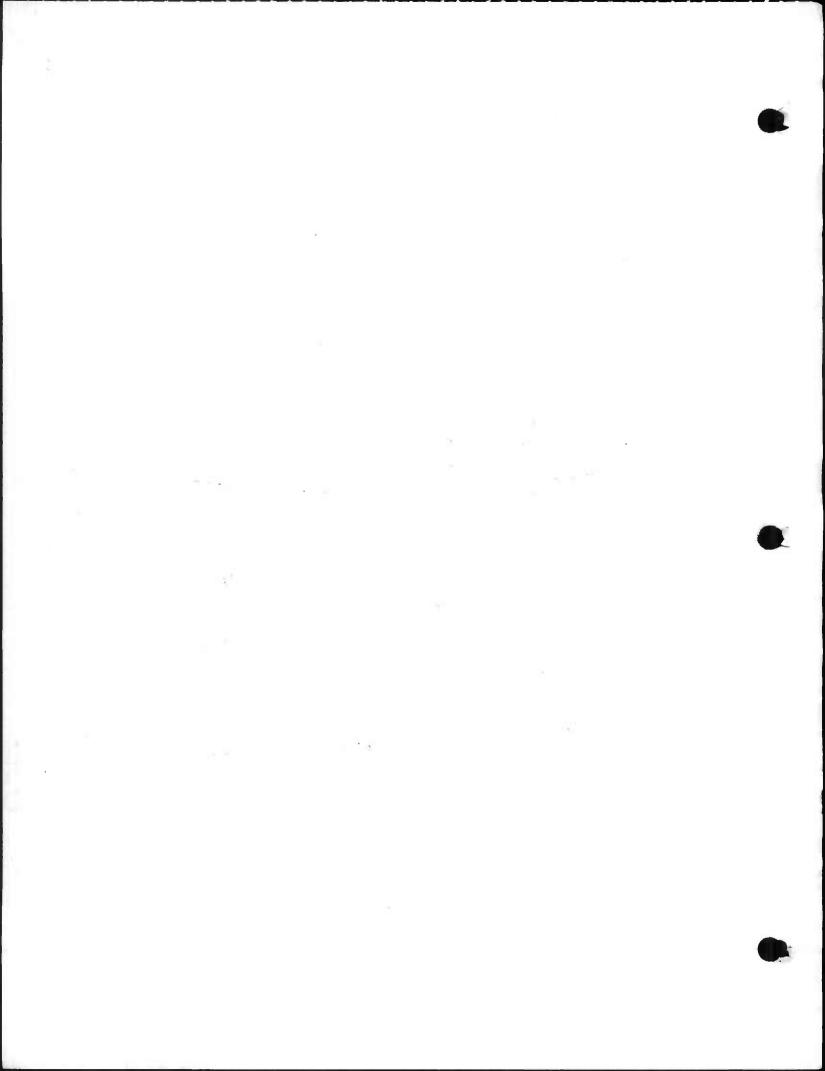
once.

must

Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR

CERTIFICATE OF DEATH REG. NO 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH MONTH EANETTE BROWL AM 1996 1:00 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign Country) 1 - M 2 - K 219-03-7897 82 YRS. August 4 1913 Maryland 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH DIRECTOR Deaton Speciality Hospital & Home, Inc Baltimore City N/A 10b. COUNT 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? MD N/A Baltimore City 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 600 Light Street, Apt.-809 US A ,) 21230 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 18-RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Merried It yes, specify Cuban, Mexican, Puerto Rican, etc.) White 1 TYES 2 NO Specify: Specify: BY 3 Wildowed 4 Olvorced 16e. DECEDENT'S USUAL OCCUPATION ETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY lege (1-4 or 5 +) COMPL 11+4 N/A PriCA 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maide BE 9 20e. METHOD OF DISPOSITION
1 Durlel 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b, PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State 21. SIGNATURE OF PUNERAL SEPTICE LICENS 22. NAME AND ADDRESS OF FACILITY FORT OCIHO 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallura. List only one cause on each Interval Betwe IMMEDIATE CAUSE (Final Onset and Death disesse or condition Cerebro vascular Month resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ro sderohe CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Hyperkasion TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? Disease 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 26e. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO ΒY 2 Accident Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end menner ee stated. 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MD D38675 7/15/96 2 AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MESHU UMM 1147 HANOVER ST BAIDMORE MO 21230 REGISTAR'S SIGNATURA



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Deta of Death 3. Time of Deeth **Physician** Month Year Jr. William BALDWIN July 13,1996 11:00 a.m. /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Franklin Square Hospital Center Rossville Baltimore 7. Aga (In yrs. last birthday) If Undar 1 Yaar Months Deys Hours Min. 8. Date of Birth Month Day 15, 1907 5. Social Security Number 9. Birthpiece (Stete or Foraign **Funeral** 1**X** M 2□ F 198-26-5925 89 Yrs Pennsylvania Director Usual Rasidence of Decedant the Maryland 10a Stete 10b. Count 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow event, the Medical Examiner must be notified at Maryland Baltimore Essex Directo 1 Yes 3 No 10e. Street and Number 10f. Zip Code 10g. Citizan of Whet Country? 1944 Sue Creek Drive 21221 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Black, White, etc. 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 No If Yes, Giva Yaar or Detes: 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify: Specify: White þ 3 Widowed 4 □ Divorced Completed 18e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry
Health Care Elamantery/Secondary (0-12) Coilege (1-4or 5+) Medical Doctor Physician 17. Fathar's Neme (First, Middla, Last) 18. Mother's Nema (First, Middla, Maldan Surnema) Be William Baldwin Sr. Cena Sieple 19e. Informant's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rurel Routa Number, City or Town, Stete, Zip Code) Jacqueline Miller (DAUGHTER) 1944 Sue Creek Dr. Essex, Md. 21221 20b. Place of Disposition (Neme of cametery, cremetery or other place) 20a. Method of Disposition Deta 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Crametion 3 ☐ Removel from State Holly Hill Mem. Gardens 7/18/1996 Baltimore Co. , Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licer 22. Name end Address of Fecility

Bruzdzinski Funeral Home P.A. 1407 Old Eastern Avenue Essex, Md. 21221 Pert1. Enter the disease, or complications that caused the deeth. Do not enter tha moda of dying, such as cardiac or respiretory errast, shock, or heert feilure. List only ona causa on each line. Approximete Intarvai Batween Onset end Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Prostatic Cancer 1 year Examiner Due to (or es e consequence of): Examine metastatic spread The law requires that the death certificate be executed burial-transit Sequentielly list conditions, if eny, leading to immediate cause. Entar Underlying Cause (Diseese or injury that initiated evants resulting in deeth) Lest and Dua to (or as a consequence of): Box 68760. physician Physician/Medicai the Dua to (or as e consequanca of): signed by the a Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Completed by 24b. Wara autopsy findings aveilable prior to completion of cause of death? 24a. Wes an eutopsy performad? been hes 2 No certificate 1 ☐ Yas 2 ☐ No or Attending Physicien: Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) 10 1 ☐ Yes 2 No 1 X Inpatiant Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 2 ☐ ER/Outpetient 3 ☐ DOA this 28a. Dete of Injury (Month, Day Year) Certification: 27. Menner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? After 1 Neturel 2 ☐ Accident 5 Panding death. investigetion 1 Yes 2 No Director: 6 ☐ Could not ba 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 ☐ Homiclde 24 hours a Hospital 29e. Certifier 10 Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, end due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the cause(s) end menner stated. Medical (Check only one) within 2 To the ş 29c. Licanse number 29d. Date signed (Month, Dey, Year) 29b. Signatura and the of certified D41680 July 13, 1996 30. Name end eddress of person who completed cause of deeth (item 23a) (Type, Print) 404 Eastern Avenue Dr. Adolph Wychulis Baltimore, Maryland 21221 relia Davidon-Rom 31. Dete filed (Month, Day, Year) State

DHMH 16 Rev 6/95

Registrar

CHERT MARKET SERVICE SERVICE STATE 8 0 18 8 5 N 14 . . AND A PRODUCT WAS ARREST OF THE PERSON OF TH

B.K.S

ITEM: 9. PER F'.H. F'ILM State of Maryland / Department of Health and Mental Hygiene

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6-	737 7/15/96 t.t	Certificate of Death	Reg. No.	
Physician /Medical	1. Decedent's Neme (First, Middle, Last) CHARLES R. BUSSARD		2. Dete of Deeth Month Dey JULY 6, 19	3. Time of Deeth 96 1345 PM
Examiner	4a. Fecility Name (If not institution, give street and number) 218 EAST EAGER STREET	4b. City, Town, or BALTIM		of Deeth
Funeral Director	5. Sociel Security Number 6. Sex. 7. Age (In yrs. last I) Usuel Residence of Decadent	Yrs. If Under 1 Year If Under 24 Hrs Months Deys Hours Min.		9. Birthplace (Stete of Fortier Country) PA
death with the Maryland rms 23a or 28a-f show rms 15a or 28a-f show rms 15a or 28a-f show rms 15a or 28a-f show rms 23a or 28a-f show	10e. State 10b. County 10c. City, To	wn or Location		10d. Inside City Limit
th with the Mar 23s or 28s-f s unit be notified rai Director	10e. Street end Number 2/8 E. EAGEL ST.	10f. Zip Code 2/202	10g. Citizen of W	Thet Country?
ors effer	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was Decadent Ever in U,S. Armed Forces? 1 Yes, Give Year or Detes:	13. Wes Decedent of Hispenic Origin? (S If Yes, specify Cuban, Mexican, Puerl	pecify Yes or No- o Rican, etc.) 14. Race Bleck Specify:	- American Indien, c, White, etc.
within ene.	15. Decadent's Education (Specify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5+)	e. Decedent's Usual Occupation (Give kind of work done during most of world) BALBEL		siness/industry -EMPLOYE
Mental H Mental H Mrked oth Mric ever	17. Fether's Name (First, Middle, Lest) ROY J. BUSSALD	18. Mother's Nar	ne (First, Middle, Maiden Surneme	
1 and 2 sho Health end am 27 is me ther traum	EDWARD N. BUSSALD 1	No. Meiling Address (Street end Number or Ru QD # I Bo $ imes$ 3.878	NEW STANT	TON, PA! S6
Pege ment o ant: If ury or	1 Burial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify)	of Disposition (Name of ery, cremetory or other place) PALK MORELAN CO MEM	TUVVIO	City or Town, State
permit. Pe Depertmen Important: any Injury once.	21. Signeture of Funoral Service Licensee	22. Name and Address of Fecility SKARDA FILL.	2829 HUDSON S 54LTO., MD. Z	1224
Physician /Medical Examiner	23a. Per11. Enter the disease, or complications that ceused the deeth. Do shock, or heert feilure. List only one ceuse on each line. Immediate Ceuse (Finel disease or condition resultino in deeth) e. Arterioscle	onot enter the mode of dying, such es cerdiac	c or respirator√arrest,	Approximate tntervet Between Onset end Death

Examiner

The law requires that the death certificate be executed pue

anding physician ease as the buriel

signed by the

page 2 should

certificate

this

To the Hospital or Attending within 24 hours effer death.
To the Funeral Director: Afte completely filled in by the fun

or Attending Physician:

Division of Vital Records, P.O. Box 68760,

Examiner Physician/Medical P Completed Be Certification: To

Medical

Due to (or es e consequence ot):	
Due to (or es e consequence of):	

Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.

23b. Did tobecco use contribute to the cause of death? 3 Probably 4 ☐ Unknown 1 ☐ Yes 2√ZyNo

ASTHMA

24e. Wes en eutopsy performed? INSPECTION

1 ☐ Yes 2 ☑ No

24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 1 ☐ Yes 2 ☐ No

25. Wes case reterred to medical 1X Xes 2 □ No 27. Menner of Deeth 1 Waturei

Sequentially list conditions, if ery, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest

1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 28b. Time of

28c. Injury et Work?

Other: 4 ☐ Nursing Home X A Residence 6 ☐ Other (Specify) 28d. Describe how Injury occurred

5 Pending investigation 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Plece of Injury - At home, tarm, street, fectory, office building, etc. (Specify) 4 Homicide

1 ☐ Yes 2 ☐ No

28t. Location (Street end Number or Rural Route Number, City or Town, State)

1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es stated.

**Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, dete end plece, end due to the cause(s) end menner stated. 29b. Signeture end title of certifier

(Check only

29c. License number O.C.M.E 29d. Date signed (Month, Dey, Year) JULY 06, 1996

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

Theodore King M.D. 111 Penn Street, Baltimore, Maryland 21201

28. Piece of Deeth (Check only one)

State Registrar 31. Dete filed (Month, Dey, Year)

32. Registrer's Signeture

* *** Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

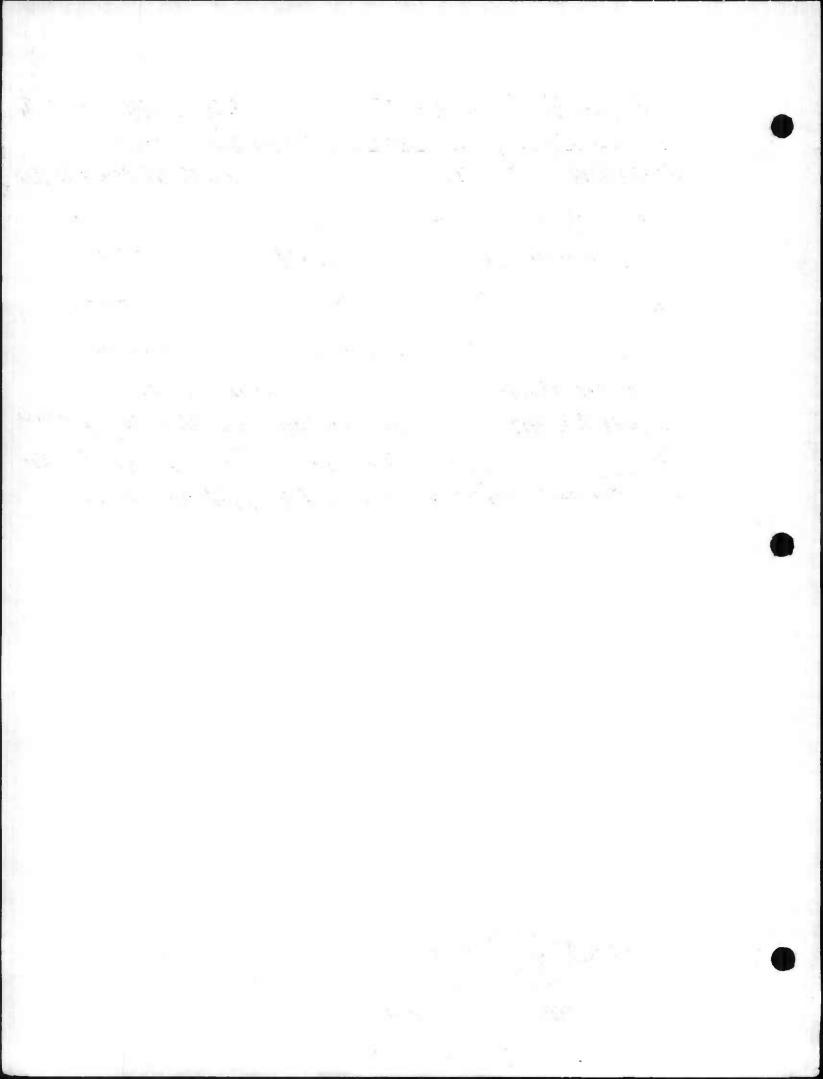
State of Maryland / Department of Health and Mental Hygiene 9 6 20885

			ITEM#27 film g737			ate of Death		Reg. No.	20000
п	Physic	ian	1. Decedent's Neme (First, Middle, La	nst)			2. Dete of De Month	eth Dey	3. Time of Death
	Physic /Medi		Theodore	F.	BU	RCA SR.	July	1 199	
)	Exami		4e. Fecility Neme (If not institution, give	re street end number)		4b. City, Town, o	r Location of Deeth		
			FRANKLIN Y	50 DOSPi	TAL	*R03e0	Vale	Baltin	nore
	Funeral Director		219.32.3187	7. Age (In yrs	. lest birthdey) If Unc Month	der 1 Year I if Under 24 Hr is Deys Hours Mir		y, Year)	9. Birthplece (State or Foreign Country) MARYLAND
	pue M		Usuel Residence of Deceders 10a. Stete 10b. County	10c. C	ity, Town or Location				10d. Inside City Limits
	the Marylen r 28a-f ahow	tor	MARYIAIN 7	Par Ita	Rosedo	10			1 Yes 2 No
	1 28a	Funeral Director	10e. Street end Number	CCITO		Zip Code		10g. Citizen of W	hat Country?
	23a or	<u>=</u>	7704 K/110	TRASS	XX C	61527		71.	44
	items 2	ner	11. Meritel Stetus	12. Wes Decedent Ever in Armed Forces?	U,S. 13. Was Dec	cedent of Hispenic Origin? (decify Cuben, Mexican, Pue	Specify Yes or No	14. Rece	- American Indien,
21215-0020	8 8	þ	1 Never Married 2 Married 3 Widowed 4 Divorced	1 Yes 2 No If Yes, Give Year or Detes:		2 No Specify:	ato rican, etc.)	Specify:	White, etc.
5-0	72 hours "netural", ad cal Ex	Completed	15. Decedent's E (Specify only highest gro	ducation	16e. Decedent's U	suel Occupation work done during most of w	ndring	16b. Kind of Bu	siness/Industry
21	within ene. then "	npie	Elementary/Secondery (0-12)	College (1-4or 5+)	life. DO NOT	use retired)	Uning	T1.	n
	73 60 60	ပိ	104R3		20119	horema	19	エん	4.
and	tai H d oth	Be	17. Fether's Neme (First, Middle, Last))	18. Mother's No	eme (First, Middle,	1 1	9)
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Maryland	12 sho h end r is m traum		19e. Informent's Name/Reletionship	Type, Print)	19b. Meiling Addre	ess (Street end Number or F	Pural Route Numbe	er, City or Town, S	Stete, Zip Code)
	s 1 and 2 should be filed f Heelih end Mentai Hyg tem 27 is marked othe other traumatic event,		20e. Method of Disposition	N OURCH	Pleca of Disposition (A	leme of Ul Ti	Dete X	200 Location	City or Town, Stete
Baltimore,	nt of in it		1 Burlal 2 Cremetion 3	Removel from State	cemetery, cremetory of	r other piece)	7 5 9/	D_ //	Oly or Town, Stele
Ħ	permit. Pe Depertment Important: any injury		4 Donetion 5 Other (Special	1	xy #1113		1,0,10	Va/16	Co. MD
Ba	permit. Peges 1 and 2 Department of Heelth of Important: If Item 27 is any injury or other tra 2003.	1	21. Signature of Funerel Service Lice	1 sex or wh	22. Name	and Address of Fecility	Le Aug x	Roth.	Ht 21222
			23e. Pert1. Enter the disease, or comshock, or heart feilure. List only	plications that caused the dea	th. Do not enter the m	ode of dying, such es cardi	ac or respiretory e	rest,	Approximete Intervei Between
V	Physician		4_4,5						Onset end Deeth
	/Medical Examiner		Immediete Ceuse (Final diseese or condition	Massive (Sa	ddle) Pulm	onary Embolus	3		immediate
3	CXammer	_	resulting In death)	Due to	(or es e consequence c	rf):			
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	ificete be executed g physicien end es the bunel-trensit	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	Due to	or es e consequence o	f):			
68760,	icete be ex physicien s the bune	aiE	cause. Enter Underlying Ceuse (Diseese or Injury that initiated events	C					
687	0 0 0	edical	resulting In death) Last	Due to (or es e consequenca o	n:			
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	atte d for	Physician/N	Port II Other standiless to anditions of	and the state of t			non pid		tribute to the cause of death?
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	ned t	y P					_	223110	S Trocesiy
Division of Vital Records,	v requires thet the deeth certif been signed by the attending should be deteched for use ex	Completed by					24e. Wes	en eutopsy rmed?	24b. Were eutopsy findings evellebie prior to
000	law re les bee	piet					peno	mear	completion of cause of deeth?
Ä	0 - 0	Eo					1 🖾 🗅	res 2□No	1⊠ Yes 2□ No
ita	iclen: The certificate rector, pag	Be C	25. Wes case referred to medical			28. Place of D	eath (Check only o	ne)	
f >	yaicl is ce direc	To	examiner? 1 ☐ Yes 2 ☑ No	Hospitel: 1 Inpatient 2	☐ ER/Outpetlent 3☐	DOA Other: 4 Nursing	Home 5 Resid	dence 6 Othe	r (Specify)
0	d Ph		27. Manner of Deeth	28a. Dete of injury (Month, Dey Year)	28b. Time of Injury	28c. Injury et Work?	28d. Describe I	now injury occurre	ed
Ö	Attending or deeth.	atic	1 Neturel 5 Pending 2 Accident Investigatio	n	M	1 Yes 2 No			
Σ	r Atte	Certification:	3 ☐ Sulcide 6 ☑ Could not b 4 ☐ Homicide determined	28e. Plece of Injury - At I building, etc. (Spec	nome, farm, street, fect	ory, office	28f. Location (S City or Tox	Street end Numbern, Stete)	er or Rural Route Number,
	o las af		-2.30th						
	To the Hospital or Attanding Physician: within 24 hours after deeth. To the Funeral Director: After this certifical completely filled in by the funeral director.	edicai	(Check only 2 Medical Exar	ysician: To the best of my kn niner: On the besis of examin	owledge, deeth occurre etion end/or investigeti	ed et the time, dete end plec on, in my opinion, deeth occ	ce, end due to the curred et the time,	cause(s) and mer dete end place, e	nner es stated. nd due to the cause(s)
	the the	Med	one)	end menner stated.					
	5 ₹ 5 8		29b. Signeture end/title of sertifier	00	7	9c. License number			(Month, Dey, Year)
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_			30. Neme end eddress of person who	Sa	m 23e) (Type, Print)	D 2447 Anthony So	clama M.D	. 7	1237
			31. Dete filed (Month, Dey, Yeer)	32. Registrer's Sign	D/V .	04470.	W(1	, -	
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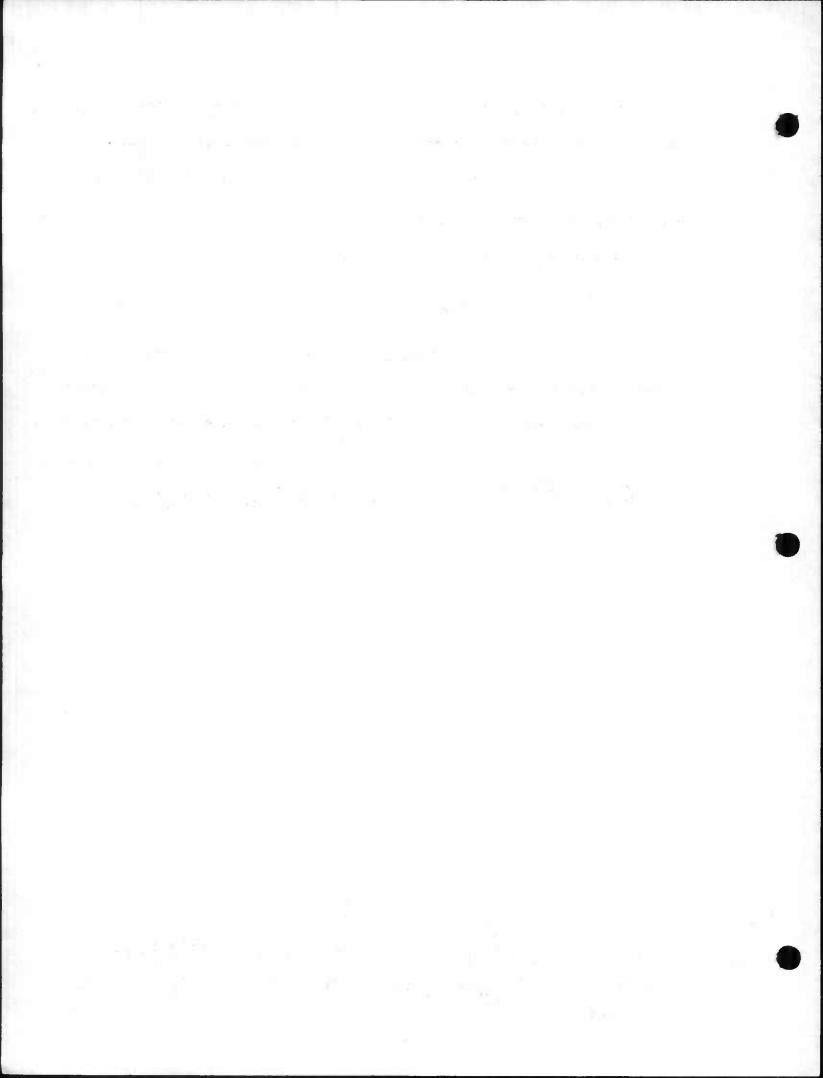
State of Maryland / Department of Health and Mental Hygiene 96 20886

_					Cert	ificate of	Death		Reg. No.		
	Physici	ian	1. Decedent's Neme (First, Middle, Las					2. Dete of De	eth Dev	Yeer	3. Time of Deeth
	/Medi		VIOLA H	· DORCH	ELT			JULY	3.199	96	11;36 14
	Exami		4a. Fecility Neme (If not Institution, give		0	1 -	4b. City, Town, or Lo	ocation of Deat	h 4. County	of Death	
			HERMAN WIL	SONHEALTH	CARE	CERVIEL	GAITHER	SBUKE	Mor	UT. C	3.
	Funeral		Social Security Number 6. S	ex 7. Age (In yrs. le	st birthdey)	If Under 1 Year	If Under 24 Hrs.	8. Dete of Bir	th Voord	9. Birthple	ce (Stete or Foreign
	Director	п	295-32-2294 1	□M 2XF 79	Yrs.	Months Deys	Hours Min.	JAW.	15.1917	BATES	Ville TO
٠,	D .		Usual Residence of Decedent						1)
	the Marylan 28s-f show notified st		10e. Stete 10b. County	10c. City.	Town or Loc	ation				10d	d. Inside City Limits
	the Maryla 28a-f shon	Ş	MD. MONT	T. 6	THITH	ERSBU	16				1 Yes 2 □ No
	or 28	Director	10e. Street end Number			10f. Zip Code			10g. Citizen of V	Whet Country	y?
	th wit		201 AUSSE	IL AVE.		21	0877		1)	.S.A	
	urs after deeth w al', or items 23a Examiner must	Funeral	11. Meritel Status	12. Was Decedent Ever in U.S.		es Decedent of I	dispente Origin? (Spe	ecify Yes or No	- 14. Rec	a - American	
0	or its	F	1 Never Merried 2 Married	Armed Forces? 1 ☐ Yes 221 No		2.4	en, Mexican, Puerto	Hican, etc.)		k, White, etc	
21215-0020	within 72 hours after deeth with the Maryland ene. than "natural", or items 23a or 28=4 show to Medical Examiner must be notified at	by	3 Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:	11	☐ Yes 2 No	Specify:		Specify	WHi	TE
9	72 hours	Completed	15. Decedent's Ed		18e. Decede	nt's Usuei Occur	petion		16b. Kind of Bu		
21	Ned P	ple	(Specify only highest gra	College (1-4or 5+)	life. D	O NOT use retire	1 >	ing		11	
7	77 75 16 75	Or	12	ounded (1 vol. ov)	Ho	MEMAN	ER		OWP	HOME	
P	al Hygic other	Bec	17. Fether's Neme (First, Middle, Last)				18. Mother's Neme	e (First, Middle	, Meiden Sumem	ie)	
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Maryland	2 should and Men is marke aumatic	-	19e. Informent's Neme/Reletionship (Type, Print)	19b. Meiling	Address (Street	end Number or Run	al Route Numb	er, City or Town,	Stete, Zip C	code)
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ā,	of Heelth Itam 27 other tr		20a. Method of Disposition	20b. Pla	ca of Dispos	ition (Neme of		Dete	20c. Location	City or Town	n, Stete
Baltimore,			1 Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify	Hemovel from Stete	Telery, creme	etory or other ple	JU	48	BAT	010:1	15 70
臺	ortan		21. Signety of Fundal Service Licen	. /	1 22	Name end Addre	nos of Socility	1996	DATE	SVIL	u, IN.
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			7 10000	1. Monday	0,	MARDA	FH. B	ALTO.		21729	1
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	Physician			<i>C</i> .						0	Onset and Death
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3	LXdillillei		resulting in deeth)	Due to (or	es e consequ	ence of):					
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	ificete be executed g physician end es the burial-transit	Lam	Sequentially list conditions,	Due to (or e	es e consequ	enca of):					
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	ng pl	Med	Toolang III doorny cool							1	
Box	0 6 5			d						1	
_	Attending Physician: The law requires that the death or death. ector: After this certificate has been signed by the etter by the funeral director, page 2 should be detached for	Physician	Pert II. Other significant conditions of	ontributing to death but not result	ing In the und	sertving cause of	ven in Pert I.	23b. Dld	tobacco use co	ntribute to ti	he cause of death?
P.O.	t the by th tachk	ķ	20			, , ,					bly 4 ☐ Unknown
	s the	by F								_	,
Division of Vital Records,	require been sig should b	8						24e. Wes	en autopsy	24b. Were	e autopsy findings eble prior to
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Be	e has	E						40	V 0 -		
O	iclan: The		25 Was seen referred to medical						Yes 2 No	101	Yes 2□ No
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ō	Phys this ral di	P.	1 ☐ Yes 2 ☐ No 27. Menner of Death	1 Linpatient 2 Lie	R/Outpetient	3LI DUA	4 Vivursing Ho		dence 8 Oth- how Injury occurs	*******	
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100	death. death. ctor: A y the f	cat	2 Accident Investigation 3 Suicide 6 Could not be					not 1	0	0	
.≥	filer of Mirec	뒫	4 ☐ Homicide determined	28e. Pleca of Injury - At hom building, etc. (Specify)	e, ferm, stree	et, factory, office		City or To	Street end Numb wn, Stete)	er or Hurei F	toute Number,
	the Hospital or Attending Physician: The lav IIII 24 hours after death. The Funeral Director: After this certificate has mpletely filled in by the funeral director, page 2										
	4 ho	edical	Uneck only 2 Medical Exem	sician: To the best of my knowl inar: On the bests of examinetic	edge, deeth on end/or Inve	occurred et the til	me, dete end piece, opinion, deeth occurr	end due to the ed et the time.	date end place.	nner es stet	ed. he cause(s)
	P la S	Ped	one)	end menner stated.							
1	5 5 8	Σ	29b. Signeture and title of cartifier	V. 91 -	7	29c. Licens	se number		29d. Date signed		
	0)		Ellra	X / very	en	PO	3501		July	3,1	996
<	10		30. Neme end eddress of person who	ompleted cause of deeth (Item 2	23e) (Type, P	rint)	on RA. B	4 . 0	a wa	20814	
	- 0		Elliot K. Goldsk	in, mp; 9410	Old G	evigiton	JA 10. 12		, ,, ,		
	Sta	te	31. Dete filed (Manth, Day, Year)	32. Registrar's Signatu							
	Registr	ar	AOLT 9 BA	and marketing	Manares						



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death **Physician** Leo Joseph Blair, Sr. 5 1996 july 9:40A.M /Medical 4a. Facility Nama (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Genesis Long Green Eldercare Baltimore City N/A6. Sex 1 ☑ M 2 ☐ F If Under 1 Year If Undar 24 Hrs. 8, Dete of Birth
Months Deys Hours Min. (Month, Day, Year) Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Deys Yrs. Director 215-32-6888 February 28,1909 Maryland Usual Rasidance of Decedent the Meryland 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yes 2 ☑ No Director Maryland Baltimore County Towson 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 641 Charles Street Avenue 21204 U.S.A. Peges 1 end 2 should be filed within 72 hours after death a nent of Health and Mental Hyglene.
Mit: If ferm 27 le marked other than "natural; or Items 23, my or other treumatic event, the Medial Examine must my or other treumatic event, the Medial Examine must Funeral 12. Wes Decedant Evar in U.S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. Rece - American Indian, Bieck, White, etc. 1X Yas 2 □ No If Yes, Giva Year or Detes: WWII 1 ☐ Never Merried 2 X Married Saltimore, Maryland 21215-0020 Specify: White 1 ☐ Yes 2 No Specify: à 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Spacify only highest grade completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) 10 Construction Contractor Building/Contracting 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maldan Surnama) Be Michael Stephen Blair, Sr. Wielgosz 19a. Informent's Name/Ralationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Estella I. Blair /Wife 641 Charles Street Avenue, Towson, Maryland 21204 20b. Place of Disposition (Nama of cemetery, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata permit. Peges
Department of
Important: If it
any injury or o 1 X Burlai 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donetion 5 ☐ Other (Specify) Dulaney Valley Mem. Gardens 7/8 Lutherville, Maryland Sarvice Licens 22. Name end Addrass of Facility Mitchell-Wiedefeld Home, Inc. 6500 York Rd. Baltimore, Maryland 21212 Part / Enter the disease, or complicate his that caused the death. Do not enter the mode of dying, such as cardiac or respiratory a show, or heart failure. List only one ceuse on each line. Approximate Interval Batween Onsat end Deeth **Physician** Immediata Causa (Final disaasa or condition rasulting in death) /Medical Examiner Dua to (or as a consequence of) Physician/Medical Examiner The lew requires that the death certificate be executed the burial-transit Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last Due to (or as a consequence of): Box 68760, physiclan Dua to (or as e consequence of): 98 for use Pert II. Other significant conditions contributing to death but not resulting in the underlying causa givan in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown ģ 24b. Wara autopsy findings evailable prior to completion of cause of death? 24a. Was an autopsy Completed hes 1 ☐ Yes 2 No certificate 1 ☐ Yas 2 ☐ No or Attending Physician: 25. Was casa referred to medical examiner? a 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Certification: To 1 Yas 2 No this funeral 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Pending Investigation 1 Natural 2 Accidant after deeth. 1 Yas 2 No 6 Could not be datermined 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicida Medical 29e. Cartifier 1 🕉 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, end due to the causa(s) and manner as stated. (Check only one) 2 Medicat Examiner: On the basis of exemination and/or invastigation, in my opinion, deeth occurred et the time, date end place, and due to the cause(s) end menner steted. 29b. Signatura and title of certifier 29c. Licansa number 29d. Dete signed (Month, Dey, Year) and addrass of person who completed cause of death (flam 23s) (Type, Print) 15 Sco 00 31. Data filed (Month, Day, X) Xear)

Registrar



State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificat	e of	Death			Reg. No.	20	2000
Physicia	an	1. Decedent's Neme (First, Min	ddle, Las	st)		T: A ⊃	NES				2. Data of De	12, 1996	Year	3. Time of Dec 2050
/Medic				Ε.		DAIN	CLEVA						-	2000
Examin	er	4a. Fecility Nema (If not Institu	tion, giv	a street and nur	nber)			-	4b. City, To	own, or Lo	ocation of Deel		y of Deeth	
		MARYLAND C			SPITAL		Whinda	4.24					YT1	
ineral		5. Social Security Number	6. S	ex ∰M 2□ F		. last birthday) Yrs.	Months	Days	If Undar Hours	Min.	8. Dete of Bi (Month, De	rth e <i>y</i> , <i>Year</i>)	Cour	
rector		216 03 8579 Usual Residence of Decedent		π	86	113.			1		7/3/1	0		MD.
**		10a. Stata 10b. Cour	nty		10c. C	ity, Town or L	ocation							IOd. Inside City L
979	ō	MD. BAL	TΩ	CITY	D	ALTIMO	DE							# Yes 2
TION I	Director	10e. Street and Number	10.	CITT	D	ALTIMO	10f. Zip	Code				10g. Citizen of	What Cou	nto?
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ner must be notified at	Funeral	11. Marital Status	MIL	12. Was Dece	dent Ever in L	J.S. 13.		2120		igin? (Sp	ecify Yas or No	USA 14 Re	ca - Amaric	can Indian
Tipe I	Fu	1 Never Merried 2 M	erried	Armed Fo	rces?		If Yes, spec	ify Cube	en, Maxicai	n, Puerto	Rican, etc.)	Bla	ck, White,	etc.
	þ	3 ∰ Widowed 4 □ Divord		If Yes, Giv Year or Da	в .	_	1 🗆 Yas	2∰ No	Specify:			Specia	y: Bl.	ACK
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7	Completed	(Specify only hig Eiementery/Secondery (0-12			Acr E ()	(Giva	kind of wo	rk done se retired	during mos d)	it of work	ing			
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	Bec	17. Fathar's Nama (First, Midd	la, Last)						18. Moth	er's Nem	e (First, Middle	, Maiden Sumer	me)	
	To B	JAMES A.	BAR	RNES						ΔΙ	IGUSTA	BARNI	= 5	
		19e. Informent's Neme/Raletic				19b. Maili	ng Address	(Street	en <i>d Numb</i>			per, City or Town	2.4	Code)
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	0	axaminer? 1 ☐ Yes 211 No	-	Hospital:	patient 2	ER/Outpatie	nt 3 DC	Oth	er			Idenca 6 Oti	her (Specif	W)
		27. Manner of Deeth		28a. Dete o	f Injury	28b. Tima o		8c. fnjur Wor				how injury occu		<i>y/</i>
	Certification:	1 Ĉ Naturel 5 ☐ Pen- 2 ☐ Accident inva	ding stigetion		n, Day Year)	Injury	м		k? Yes 2.□	No				
	100	3 ☐ Suicide 6 ☐ Cou	d not be	286. PI6C6	of Injury - At h	ome, farm, st	reet, factory	, offica			28f. Location (Street and Num	ber or Run	al Route Number,
	e l	4 Homicide		buildin	g, etc. (Speci	fy)					City or To	wn, Stete)		
	edicai	29a. Certifier 1 Certify (Check only one) 2 Medic	ing Phy al Exam	itner: On the ba	sis of exemine	owledge, deet etion end/or in	n occurred vestigetion,	et the tin	ne, dete en pinion, dee	d plece, th occurr	end due to the red et the time,	ceuse(s) end m dete end pleca,	anner es s	tated. the cause(s)
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	-	ma	de	ce				89	213			7-12	96	
		30. Neme and address of person			of death (iter	m 23a) (Type,	Print)							
		MUHAMMAD WA			c/o Ni	RYLANI	GiNE	RAL	HOSP	ITAL				
Stat		31. Data filed (Month, Dey, Yae			gistrar's Signa	ature								
gistra	r	JUL 1	21	No. 7	marian;	bon-Br	delle							

DHMH 16 Rev 6/95

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. MUBALTIMORE, MARYLAND 21215-0020 BUNSION OF VITAL RECORDS, P.O. BOX 6876

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEI		
17	1. DECEDENT'S NAME (First, Middle, La	(SI)				2. DATE OF DEATN		3. TIME OF DEATN
	Erma Lee C	runkilton				July 1	0 1996	1:35 P M
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday) III	UNDER t YEAR	IF UNDER 24 HRS.	7 0475 05 04054		IRTHPLACE (State or Foreign
81	216-28-4740			NTHS DAYS	HOURS MIN.	(Month, Dev. Year)		Maryland
	9a. FACILITY NAME (If not institution, gi	7.		CITY TOWN O	A LOCATION OF DE		9c, COUNTY (
۲ ا			91			AIN	36,000	
2	Westminster No	vising center		wesum	inster		car	roll
DIMECTOR	10a. STATE 10b. COL	INTY	10c. CITY, 7	OWN OR LOCATI	ON			10d. INSIDE CITY
<u>₹</u>	Md.	Baltimore	R	eisters.	town			1 YES 2 NO
	10e. STREET AND NUMBER				ZIP CODE		10a CITIZEN	OF WHAT COUNTRY?
Y	5 Delight Roo	n d		101.	21136		_	USA
FUNERAL	11. MARITAL STATUS		1110 101150	L 40 MILO 0504			4	
2	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 VES	2 NO	If yes, spe	cify Cuban, Mexica	NIC ORIGIN? (Specify Youn, Puarto Rican, etc.)	na or No— 14. F	RACE — American Indian, Black, White, atc.
n n	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES'	1 TYES	2 X NO Specif	y:		Specify: White
	15. DECEDENT'S I	EDUCATION	16s. DECEDENT'S US	UAL OCCUPATIO	M	16h KIND OF BI	JSINESS/INDUSTR	
COMPLEIED	(Specify only highest g	rade completed)	(Give kind of world life. Do NOT use n	done during mos	t of working	Too. King of o	30111233711130311	
2	Elementary/Secondary (0-12) - 12-	College (1-4 or 5 +)	Homemo	rbon		Own	Home	
5	17. FATNER'S NAME (First, Middle, Last)		, it in an a		18 MOTHED'S NA	ME (First, Middle, Maide		
	Albert T. Wil					M. Hanna	ir Surreine)	
N N	19a. INFORMANT'S NAME (Type/Print)	- Cario	405 11011 110 40	00500 (0:		Route Number, City or To	0 7	
2	Woodrow W. Crun	hilton thus hand		ight Rd				1136
				0		terstown,		
	20. METHOD OF DISPOSITION 1X Burial 2 Cremation 3	lemoval from State 20b	PLACE AND DATE OF 1 Peters, cremetory or other ALL Saint	DISPOSITION (Nat place)	ne of	1	OCATION - City	
	4 Donation 5 Other (Specify)		All Saint	7		13-96 Re	isiersii	own, ma.
- 1	21. SIGNATURE OF FUNERAL SERVICE	LICENSEB)		22. NAME AN	D ADDRESS OF FA	11824	Reister	stown Rd.
	C. Bu	in truell		Eline	Funeral	Home Re	isterst	own. Md. 21136
DICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are conditionally assume the conditional conditions are conditionally assume the conditional conditions are conditionally assume the conditional conditions are conditionally assume the conditional	cOUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):		Cause given in	Part I. 24a. WAS A	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY
MEDIC								1 YES 2 LNO
	DID TOBACCO USE CO	NTRIBUTE TO CAUSE O	F DEATH YES	□ NO I	UNCERTAI	N 🗆		
A	25. WAS CASE REFERRED TO MEDICA		26. PLACE OF DEATH	(Check only one)				
PHYSICIAN:	EXAMINER? 1 YES 2 H NO	HOSPITAL: 1 Inpatient 2 ER/Outp		THER:	5 🗆 Realdence	6 ☐ Other (Specify)		
	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME C			28d. DESCRIBE HOW	INJURY OCCURE	D
	Netural 5 Pending	(Month, Day, Year)	INJUR		ES 2 NO			
1 12	2 Accident Investigati 3 Suicide 8 Could not	28e. PLACE OF INJURY		et, factory, office		281. LOCATION (Stree	t and Number or R	ural Route Number,
	4 Nomicide determine		элу)			City or Town, Stat	•)	
4	29a. CERTIFIER	NVCICIAN. To the best of an incident						
Z Z	onei	NYSICIAN: To the best of my know WINER: On the basis of exemination						use(s) and manner as stated
COMPLEIED	Α			my opinion, o	THE DECEMBER OF THE	time, uses and piace,		
20	286 AGNATURE AND VILE OF CERT	11			29c. LICENSE NU	MBER	29d. DATE SIG	GNED (Month, Day, Year)
5	from o my	nuin			1572	743	7	-10.96
	AME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	int) /	20.	1 0 .	~ ?	
	688 Pool	L Kund 1	lem	under	ons	1 2/1	1-3-	
	31. DATE FILED (Month, Day, Year) JUL 1 5 1996	32. REGISTRAR'S STON						

Item2 9-24-96 Film6739 W.H. Per Doctor Please Type or Print in Black Indelible Ink. Assure All Copies Are Legiple. ITEM: 1. PER STATE ANATOMY BOARD State of Maryland / Department of Health and Mental Hygiene FILM G-737 7/17/96 t/t Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 30, 3. Tima of Death Month Day **Physician** Clarke Hauteen MOREEN May 29. 1996 June 6:00 a.m. /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore n/a 6307 Moyer Avenue 5. Social Security Number If Undar 24 Hrs. 8. Data of Birth
Hours Min. (Month, Day, Year) 6. Sax 7. Aga (In vrs. last birthday) If Undar 1 Yaar Birthplaca (Stata or Foraign Country) **Funeral** Days 1 □ M 2 🗓 F Months Director Australia 215-28-3764 Usual Rasidance of Decedant 10a. Stata 10b County 10c. City, Town or Location 10d. Inside City Limits ortant: if item 27 le marked other than "naturel", or items 23a or 28a-f sho injury or other traumatic event, the Medical Examiner must be notified at Maryland n/a Baltimore 1 Yas 2 No Director 10e. Street and Number 10f Zin Code 10g. Citizan of What Country? U.S.A. 6307 Moyer Avenue 21206 Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarlcan Indian, Black, Whita, atc nours after 1 ☐ Navar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: White Specify à 3 Widowed 4 ☐ Divorced Yaar or Datas: Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry permit. Pages 1 and 2 should be filed within Department of Heelth and Mental Hygiene. Important: if ferm 27 is marked other than any injury or other transmit Elemantary/Secondary (0-12) College (1-4or 5+) 12th Housewife Home 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Be Janet Martha Wardle Frank Rochfort 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Peggy Davis/Sherron Lassahn 6307 Moyer Avenue-Baltimore, Maryland 21206-1615 20b. Placa of Disposition (Nama of 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata cematary, cramatory or other place) 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Famoval from Stata 4 X Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Sarvice Licansale S. Wade, 22. Nama and Addrass of Facility State Anatomy Board-655 W. Baltimore Street Dir. Sele Baltimore, Maryland 21201-1559 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onset and Death Physician /Medical Immediata Cause (Final Cancel 6 me disaasa or condition rasulting in daath) Examiner ettending physician and for use es the burial-transit Sequentially list conditions, if any, laading to immadiata causa. Entar Underlying Cause (Diseesa or Injury thet initiated events rasulting in daath) Last Dua to (or es a consequence of): 80 Physician/Medical Dua to (or as a consequence of) ed by the e Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by t should be detect 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wara autopsy findings available prior to complation of cause of daath? Completed 24a. Was an autopsy has 1 ☐ Yas 2 Z No 1 ☐ Yas 2 ☐ No certificate Attending Physician: 25. Was casa rafarred to medical axaminer? 26. Placa of Daath (Check only ona) Hospital: 1 | Inpatiant | 2 | ER/Outpatlent | 3 | DOA Othar: 4 ☐ Nursing Homa 5 ☐ Aasidance 6 ☐ Othar (Specify) 1 Yas 2 No this funeral 27. Menney of Death 28a. Dete of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? After 1 (DNatural 5 Panding To the Hospital or Attending within 24 hours after death.
To the Funeral Director: Afte completely filled in by the fun. 1 Yas 2 No Invastigation 2 Accidant 3 ☐ Suicida

P.O. Box 68760, Records. Division of Vital

6 Could not be determined 28f. Location (Straat and Number or Rural Routa Number, City or Town, State) 28a. Placa of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicida

Certification: Medical

1 PCertifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the causa(s) and mannar as stated.

2 Medical Examiner: On the basis of exemination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and mannar stated. 29a, Certifian

29b. Signature and titla of certifier a thewas BD

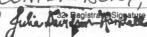
te filed (Month, Da

29c. Licansa number 9559 29d. Date signed (Month, Day, Year)

ARRO

JOHN HOPKINS BYTUIEW LED COOK.

Registrar

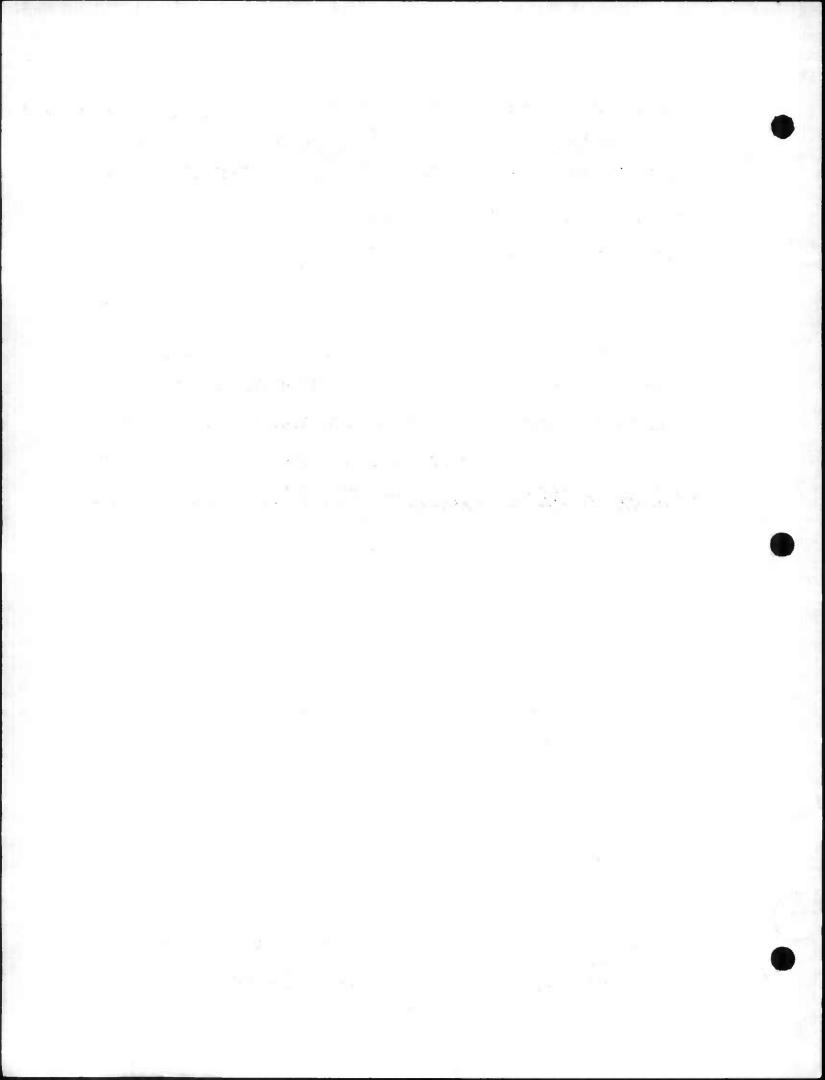


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Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

					C	ertific	ate of	Death		Reg. No.				
	Physic	ian	1. Decedant's Nama (First, Middla, Las	m. Cla	1/01/				2. Data of De		Yeer	3. Tima of Death		
1	/Medi	cal	1310dwyn 4e. Fecility Name (If not institution, give		veg			4b. City, Town, or	July	13	96	12:05 AM		
	Exami	ner	MERCY HOSPITAL					BALTIMO	ORE	N	y of Deeth			
	Funeral Director		217-20-4550	7. Age (In yrs	78 Yrs	Mont	der 1 Yaar hs Days			rth av. Year)	9. Birthpi Count OHIC	lece (State or Foreign (ny)		
	fand		Usual Rasidance of Dacedent 10a. Stata 10b. County	10c. C	ity, Town o	Location					10	0d. insida City Limits		
	a Man	Director	MARYLAND N/A	B	ALTIM	10RE						1X Yas 2 ☐ No		
	th with the 23a or 284		10e. Street and Number 5004 ORVILLE A				Zip Code 205			10g. Citizen of USA		try?		
21215-0020	72 hours after death with the Meryland "natural", or items 23s or 28s4 show ideat Exertine frust be notified at	by Funeral	11. Maritel Stetus 1 □ Navar Married 2 ☒ Merried 3 □ Widowed 4 □ Divorced	12. Was Decedent Ever in the Armed Forces? 1 □ Yas 2 ☒ No If Yas, Giva Yaar or Datas:	J,S. 1		cedent of I specify Cub 2 X No	Hispanic Origin? (S pan, Maxican, Puer Specify:	Specify Yes or No to Rican, atc.)	1	14. Rece - Amarican Indian Black, Whita, etc. Specify: WHITE			
15-0		leted	15. Decedant's Edi (Specify only highest grad	ucation la complated)	16a. Decedent's Usuel Occup (Give kind of work dona lifa. DO NOT usa retire SCHOOL TEACH			during most of wo	rking	16b. Kind of Businass		lustry		
712	filed within Hygiena. ther than	Completed	Elamantary/Secondary (0-12)	College (1-4or 5+)				*		BALTO.	CIT	ITY		
br	offied offier vent,	BeC	17. Fathar's Nama (First, Middla, Last)				18. Mothar's Nama (First, Midde CATHERINE PE		, Maiden Suma	-				
yiar	should be filed with nd Mantal Hygiena. marked other than imatic event, the M	To E	THOMAS THOMAS	OMAS THOMAS CA						TERS				
, Maryland	nd 2 shallth and 27 is m		19a. Informant's Name/Raiationship (T. MR. NORMAN CLA	VEY	218	3 S.	EAST		BALTO. MD. 21224					
Baltimore,	as of t		20a. Method of Disposition 1 ☐ Burial 2 ŽCremetion 3 ☐ I 4 ☐ Donation 5 ☐ Other (Specify,	Ramovai from Stete	Placa of Di cematery, of EEN N	cramatory (or othar pla		Dete 7 - 16 - 96	20c. Location BALT				
Balt	permit. Pag Department Important: h any injury o		Signature of Funeral Service Licens	7	a	22. Nama	and Addre	ass of Facility SKI FUNI	ERAL HO)ME				
	40240	(Marles M. Xa	czasows	600 2 1 1	1201	TATTATT	DATIZ ATTE	TATE	CO ACD	212			
4	Physician		23a. Part1. Entar the disaasa, or comp shock, or haart failure. List only o	na cause on aach iina.	ith. Do not	enter the n	node of dyi	ing, such es cardie	c or raspiratory a	arrast,		Approximete intervsi Between Onset and Death		
2	/Medical		Immediate Causa (Final diseasa or condition	Son	S. S							12 11/10		
	Examiner		rasulting in deeth)	Due to	or es e con	saquance	of):					J WKS		
	bed nsit	Examiner		. Metastah		ung		ancer.			1	16 mos		
Ć,	icata be axecuted physician and s the bunal-transit	Exar	Sequantially list conditions, if any, laading to immadiata causa. Entar Undarfying Cause (Disaasa or injury	Dua to (or as a con	sequarice	of):				i			
68760,	ysicia		Cause (Disaasa or injury that initiated evants rasulting in daath) Last Dua to (or es a consequence of):											
89 ×	e as the	Med									į			
Box	aath cer attandin I for use	Physician												
o	res that tha da signed by the a l be datached t	hysi	Part ii. Other significant conditions co	ntributing to death but not ra	suiting in the	a undarlyin	g causa gi	van in Part i.	/	tobacco use c		the cause of death?		
S, G	gned be dat	by P							-/~	100 2010	0[]7100	abiy 4 Donkilow		
Vital Records,	aw requi	Completed								s an autopsy ormed?	eve	ara sutopsy findings eileble prior to mplation of cause death?		
Œ =	The ata h	Com							10	Yes 2□No	1□	Yas 2□ No		
Z E	Physician: The this certificata ral director, pag	Be	25. Was casa rafarred to medical examinar?	Hospital: V.				26. Place of Da	ath (Check only	ona)				
ō		. To	1 Yas 2 No	1 A Inpatiant 2L	ER/Outpe		DUA	4 U Nursing F	tome 5 ☐ Ras	idanca 8 Ot how injury occu	,	')		
lon	Attending or death. Sctor: Attail by the fune	atlon	1 Naturei 5 Panding 2 Accidant invastigation	28a. Data of injury (Month, Day Year)	injur		28c. inju Wo 1	ork?]Yas 2∐ No	200. 0000100	now injury cood	1100			
Division	el or Attending Phys s aftar daath. il Director: Attar this ed in by the funeral d	Certification:	3 Suicide 4 Homicida 6 Could not be datermined 28e. Place of injury - At homa, farm, street, factory, office building, atc. (Spacify)						281. Location (Street and Number or Rural Routa Number, City or Town, State)			Routa Number,		
1	Hospit 24 hour Funers	edical C	29a. Cartifier (Check only one) Medical Exami	sician: To the best of my kniner: On the basis of axamini end menner stated.	owledga, de ation and/or	eath occurr Investiget	ed at the ti ion, in my o	me, dete end piece opinion, daath occu	, and due to the irred at tha tima,	cause(s) and n data and placa	enner es sta , and dua to	ated. tha cause(s)		
	To the Comple	Σ	29b. Signature end title of certifier				29c. Lican:	sa number		29d. Date sign	ed (Month, L	Day, Year)		
			N C Le	M.D			PC	08673		7/13	196			
			30. Nama and addrass of person who co	ompleted causa of death (Ita	m 23a) (Typ 1eVY	pe, Print)	edica	el Cen	lev.					
	Sta		31. Data filad (Month, Day, Year)	32. Ragistrar's Sign	ature				P1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -					

DHMH 16 Rev 6/95



3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First Middle Leat)

BOX 6876 o DIVISION OF VITAL RECORDS, P.

12 1996 Charlebois Donald Robert 7:20 A M July 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) Dec. 13 1933 5. SEX 6. BIRTHPLACE (State or Foreign 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 1 X M 2 - F Massachusetts 62 016-26-2076 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 96. CITY, TOWN OR LOCATION OF DEATH COCKEYSVILLE 9c. COUNTY OF DEATH 10712 Lakespring Way Baltimore DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Cockeysville 10b. COUNTY 10d. INSIDE CITY 10a. STATE MD Baltimore 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? USA 10712 Lakespring Way 21030 burial-transit 24 hours after death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify White ΒY 3 Widowed 4 Divorced the Korean SS 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY use (Specify only highest grade completed) most of working ET 10 Elementary/Secondary (0-12) College (1-4 or 5 +) Finance Sales COMPL should be detached 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Sansoucy notified at Germaine William Charlebois 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10712 Lakespring Way Cockeysville, Md. 21030 Helen Charlebois page pe 20e. METHOD OF DISPOSITION
1 □ Buriel 2 🖔 Cremation 3 □ Removal from State 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must filled in by the funeral director, 7-15-96 Towson, Md. HTITEOFOSETVICE Corp. 4 Donation 5 Other (Specify) examiner 22. NAME AND ADDRESS OF FACILITY RUCk Towson Funeral Home, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 1050 York Rd. Towson, Md. 21204 medical 23. PART I. Enter the disease, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. Liet only one cause on each line. Approximate Interval Batween IMMEDIATE CAUSE (Finel Onset and Daath the Cancer disease or condition Lung 3 mos reculting in desth) traumatic event. DUE TO (OR AS A CONSEQUENCE OF) burial. CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury other 1 DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 OR ATTENDING PHYSICIAN: The law requires that the death the atten PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO any COMPLETION OF CAUSE signed ! 1 YES 2 NO shows 1 WES 2 NO been t. of l DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN S. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL Item certificate b OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) HOSPITAL : 1 YES 2 HO I ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA the 27. MANNER OF DEATH
11 Natural 5
2 Accident 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK?
1 YES 2 NO 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, this (5 Pending BY After t 28a. PLACE OF INJURY — At home, term, street, lactory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 89 L DIRECTOR: A 2 hours after d 4 Homicide 28 COMPLET Item 29a. CERTIFIER (Check only one)

CERTIFYING PHYSICIAN: To Iha best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

CERTIFYING PHYSICIAN: To Iha best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL C vithin 72 h IMPORTANT 296. SIGNATURE IND TYLE OF CERTIFIER Sel 29c. LICENSE NUMBER BE MO D30929 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CELANO, M.O. 6569 N. Charles St #205 BALTIAME, MO 21264 32/MEGISTRAR'S CONSTRARS

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

													Reg. No	V+			
hysician		1. Decedent's Nem	e (First, Middle	, Last)				- 1				2. Dele of De Month	eeth De	201	Year	3. Tir	me of Death
cıan dical	_	DOLORES						CARLSEN				JULY	05		96	175	53
miner	-	4e. Facility Neme (If not institution, give street end number)								vn, or Lo	ocation of Dee	th 4c	. County	of Death			
	ı	SAINT JOSEPH MEDICAL				L CEN	ITER		T	rowso	N,M	ARYLAN	ND E	BALT	'IMOR	Œ	
eral		5. Sociel Security N	umber	6. Sex		7. Age (In y	rs. last birthde	ey) If Under	1 Yeer		24 Hrs.	8. Dele of Bi (Month, D		1	9. Birthp	lece (Si	tate or Foreign
ctor		092-12-4	534	1□ M	200 F	76	Yrs	Months	Deys	Hours	Min.	Mar. 2	1. 1	920	New	"Yor	k, N.Y
	-	Usuel Residenca of															
3		10a. Stete	10b. County	,		10c.	City, Town or								11	0d. Insi	de City Limits
Ş	۱۸	Maryland	Balti	more			Tows	on								10	Yes 2 No
Funeral Director	. 2	10e. Street end Nur	mber					10f. Zip	Code				10g. Ci	itizen of \	Whet Coun	itry?	
0	2	2300 Dul	anou Va	ellou	Road	1			212	204				11.	S.A.		
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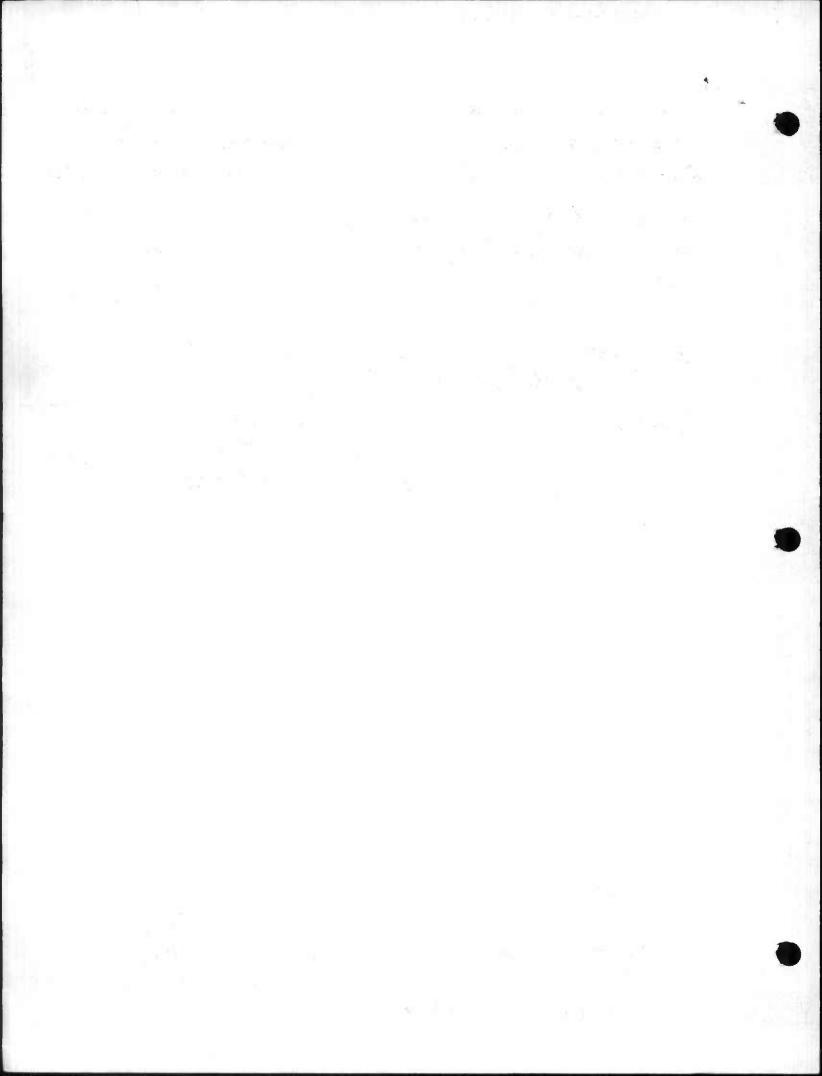
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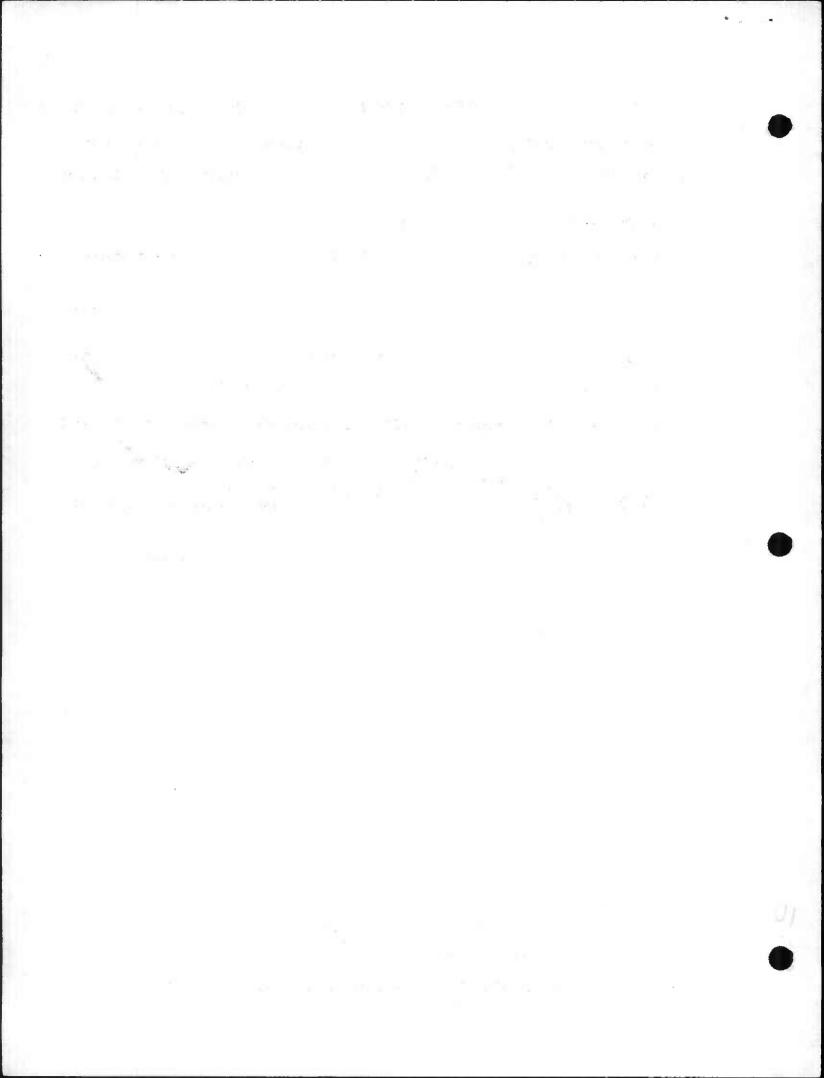
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one) 2 Medical Examt	tnar: On tha besis ot examin and mannar stated.	nation and/or invastig	gation, in my op	oinion, daath occurr	ed at tha tima, date	and plece, an	id dua to tha causa(s)
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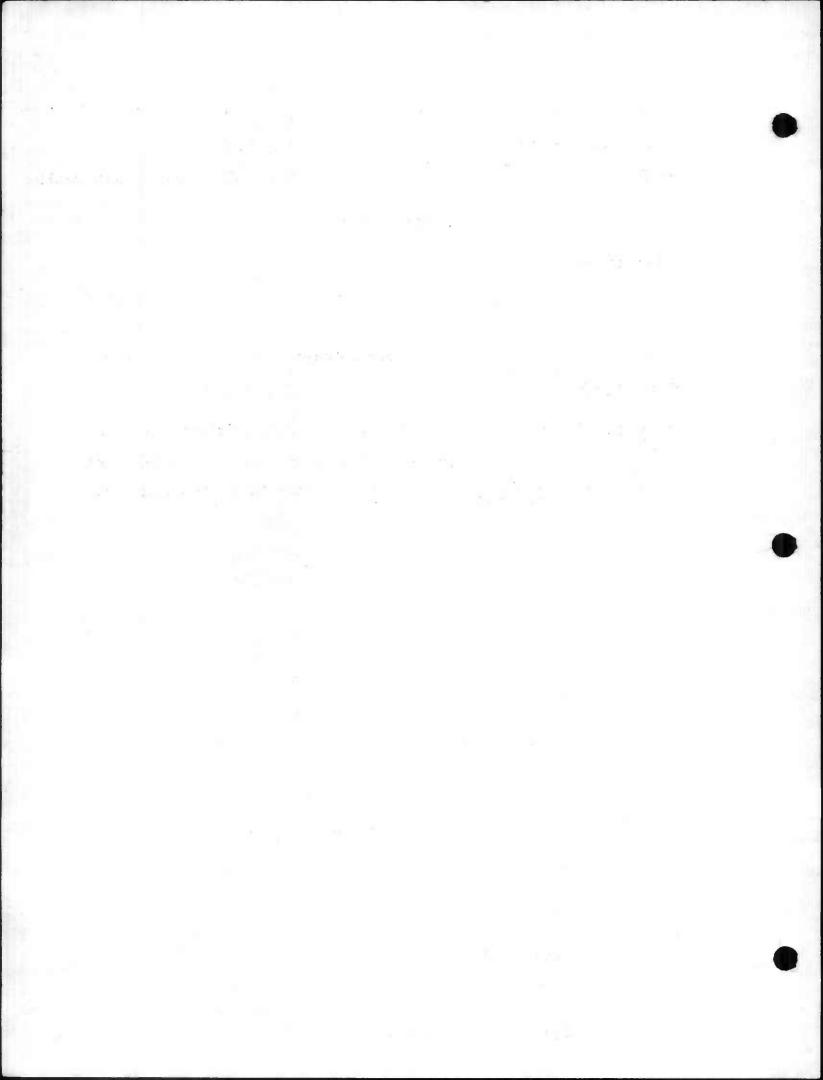
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deeth	ms 23	Funeral Director	500 Virginia Avenue 21204 11. Meritel Status 12. Wes Decedent Ever In U.S. 13. Was Decedent of Hispenic Origin? (Sp	pecify Yes or No	United 14. Rac	e - Americer	_				
Maryland 21215-0020	Depertment of Heelth end Mental Hyglane. Important: if items 23s or 28s-f show important: if item 27 is marked other than "natural", or items 23s or 28s-f show any fautry or other traumatic event, the Medical Examiner must be notified at once.	by	If Yes, Give 1 ☐ Yes 2 🕱 No Specify: Yeer or Dates:	o Rican, etc.)	Specify	ck, White, etc. Wh	i te				
5-0 72 ho	dical	Completed	15. Decedent's Education (Specify only highest grede completed) (Give kind of work done during most of work life. DO NOT use retired)	kina	16b. Kind of B						
within	than the	du	Elementary/Secondery (0-12) College (1-4or 5+) Iife. DO NOT use retired)	9	\$01f_1	Employ	od				
D 2	other ent,	Be Co	9 Hairdresser 17. Fether's Neme (First, Middle, Last) 18. Mother's Nam	Self-Employed ame (First, Middle, Maiden Surname)							
ylar yldbu	Menta rrked stic ev	To B	Mario Ciurca Luigin	na Agro							
War 12 sho	ls me		19e. Informent's Neme/Reletionship (<i>Type, Print</i>) 19b. Mailing Address (<i>Street end Number or Ru</i>								
e .	Heelt am 27 other 1		Mrs. Lou Jean Hahn / Daughter 6716 Old Harford Roa 20e. Method of Disposition 20b. Plece of Disposition (Neme of	Dete Dete	timore,		21234				
MO	ont of nt: If It ry or o		1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Removel from State 4 ☐ Donetion 5 ☐ Other (Specify)	7/15/96	Baltimor	- 11					
Baltimore,	Depertm Importar any Inju		21. Signeture of Funeral Service Licensee Mark T 7avovna 22. Name and Address of Fecility		Dai Cilio	c, imi	Taria				
m 8	2 E S 8		Mark T. Zavoyna Leonard J. Ruck, 5305 Harford Road		imore.	Md. 2	21214				
//	ysician Medical aminer		23a. Part1. Enter the disease, of Complications that caused the deeth. Do not enter the mode of dying, such as cardiac shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in deeth) Due to (or as a consequence of):	or respiretory e	rrest,	lr Ir	pproximate itervel Between inset end Deeth				
D D	sit	iner	A b								
), axecut	and el-tran	Exam	Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury c.			1					
68760, flicete be axecuted	physician and s the buriel-transit	dical Examiner	Cause. Enter Underlying Cause (Disease or injury that Initiated events Due to (or es a consequenca of):			1					
x 68	ding ph	0	D' I								
Bo eath o	for us	clan									
, P.O. Box that the death cert	ed by the ettending detached for use as	/ Physician/M					he cause of death? bly 4 🖾 Unknown				
Division of Vital Records, P.O. Box 6 or Attending Physician: The lew requires that the death certiff	s been signed I	Completed by	1/1/20/con		en eutopsy ormed?	evelle	e eutopsy findings able prior to pletion of cause eth?				
H F	ata has page 2	Com		10	Yes 2 No	101	/es 2□ No				
Vita Iclan:	n. After this certificata funeral director, pag	Be	25. Wes cese referred to medical examiner? 26. Plece of Deel								
Vision of Vita	this raid	1: To			dence 6 DOth						
ion	ath. r: Afte e fune	ation	27. Menner of Deeth 1 Neturel 5 Pendlng 2 Accident Investigation 28a. Dete of Injury 28b. Time of Injury Work? 1 Neturel 5 Pendlng (Month, Dey Yeer) M M 28c. Injury et Work? 1 Yes 2 No		,,						
DIVIS	within 24 hours effer death. To the Funeral Director: After completely filled in by the fune	Certification:	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)	28f. Location (S City or Tox	Street end Numb wn, Stete)	er or Rural F	Route Number,				
Hospital	24 hours Funeral stely filled	edical	29a. Certifier (Check only (Ch	end due to the	ceuse(s) end me dete end plece.	enner es stet	ed. ne ceuse(s)				
2	To the comple	Med	end manner steted.		29d. Dete signe						
1	- C C C		29b. Signeture end title of certifier 29c. License number		7 . //	-	y, . ,				
٠,	,	-	30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)								
_			Eddie Nakhuda, M.D. 2300 Dulaney Valley Road, Towson	1, MD 2	21204						
	Sta Registr	200	31. Dete filed (Month, Dey, Yeer)								



State of Maryland / Department of Health and Mental Hygiene 96 20896

								Cer	tificate c	of Death		F	Reg. No.		-00	20
Physi	ician		1. Decedant's Nam	na (First, Middle	a, Last)							2. Data of Dea Month	th Day	Yaar	3. Tima	of Death
/Me			MARY	- 1	NNA		DARGAN					July		1996	11:	20 pm
Exan			4a. Facility Nama (If not institution	n, giva street and	number)				4b. City, Tow	n, or Loc	ation of Death	4c. Count	y of Death		
			2400 Wes							Balti		e City				
unera			5. Social Security N		6. Sax 1 ☐ M 2 ☐ XF	7. Ag	a (In yrs. last bi	irthday)	If Under 1 Ya Months Da		4 Hrs. Min.	8. Data of Birth (Month, Day	Year)	9. Birthpi Coun	aca (Stata	or Foraign
irecto	or	- 1-	214-38-34 Usuai Rasidanca o					Yrs.				05-30-	1903			olina
		- 1-	10a. Stata	10b. County			10c. City, Tov	vn or Loc	cation					10	Od. inside (City Limits
the Medical Examiner must be notified at	Š	5	1d				Ralti	mara	City							s 2 No
not	Director	3	10e. Street and Nu	mber			Daici	mor c	10f. Zip Cod	a			log. Citizan of	What Coun	try?	
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TRUMBUC	F	• -	Plenty D									Daniels				
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Tor use es the buner-trensit	an/				d											
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page	ပ်						1 🗆 Y	as 2 No	1 🗆	Yas 2[□No					
director,	Be		25. Was casa rafar axaminar?	rred to madical						26. Placa c	of Death	(Check only or	та)			
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elliny filled in by the funeral	edical		29a. Cartifiar (Check only one)	2 Medical E	g Physician: To t Examiner: On the	tha best of a basis of annar sta	axamination ar	a, death nd/or inva	occurred at the astigation, in m	ti <i>m</i> a, data and y opinion, daath	occurre	nd dua to tha c d at tha tima, d	ausa(s) and m lata and place,	annar as st and dua to	ated. tha causa	(s)
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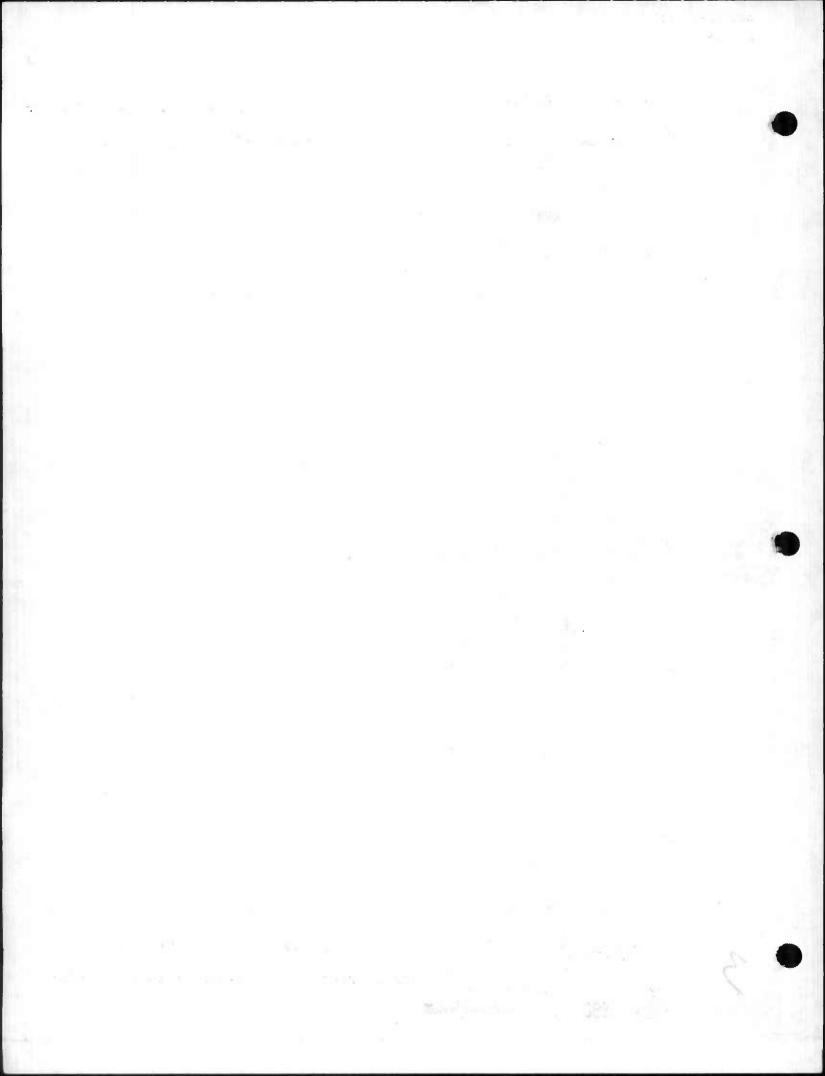
					Cert	ificate o	f Death		Reg. No.		20051
Physician	1	1. Decedant's Nama (First, Middla, Last)		Dough	art	,		2. Date of D Month	Day	1996	3. Time of Death $5 - 35 pn$
/Medical		Edward H 4a. Facility Name (If not Institution, give s	street and number	Douge	ne i	¥	4b City Town o	July or Location of Dee	ath 40 Count		3-33 PM
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rector	-	214-03-4548 Usual Rasidence of Dacedant	IM 2□F 8	4	Yrs.	Months Dey	rs Hours Mi		7, 1911	Mary.	land
if flem 27 is marked other than "natural", or items 23a or 28a-f show or other treumatic event, the Medical Examiner must be notified at To Be. Completed by Finneral Director	CIOL	10e. Stete 10b. County Maryland Anne Aru		10c. City, Tow Mille						1	10d. Insida City Limits 1 ☐ Yas 2 ☐ No
23a or 28 unt be no		10e. Street and Number 8240 Railroad Ave	•			10f. Zip Code 211			10g. Citizan of United		
hy Funeral Director	oy runer	11. Marital Status 1 ☑ Nevar Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedant E- Armed Forces? 1 ☐ Yes 2 2 No If Yas, Giva Yaar or Datas:			as Decedant o Yes, specify Co	f Hispenic Origin? uban, Maxicen, Pue lo <i>Specify</i> :	(Specify Yes or Norto Rican, etc.)		ce - Americ ck, White,	
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ian ical ner	1	Immediata Causa (Final disease or condition rasulting in death)	PNE								Onsat and Death
iner in			EMPH	oua to (or as a		ence of):					10 YEARS
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hvsicia	in y sicial	Part II. Other significant conditions conf	ributing to death but	not resulting i	in tha und	arlying cause	given in Part I.		tobacco use co		o the cause of death?
2	2							24e. Wa	s en autopsy formed?	av	ara autopsy findings allabla prior to implation of ceusa daath?
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2		30. Nama and addrass of person who con M. SHIRA21 /	MD HO		(Type, Pr	int) C/AN·	NORTH F	RUNDE	L HOSPIT	AL. P	10 21061
State Registrar		31. Data filed (Month, Day, Year)	22. Registrar	- Aundalia	31				-		
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State of Maryland / Department of Health and Mental Hygiene

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	(Type, Print)	19b. M	leiling Address (Stre	shand	A VEV	ner, City or Town	Steta, Zip Code)	21,
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list conditions, g to immediate tunderlying ase or injury events	b. Duoc Duo	e to (or es e cor lenal a to (or es e cor	nsequence of): Ulceconsequence of):	1				
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all middle and an all disks								
significant conditions	contributing to deeth but n	ot resulting in th	e underlying ceuse	given in Pert I.		Yes 2□ No	3 Probably 4 €	Of death
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referred to medical ? 2 No	Hospitel:			MA	oth (Check only		-	
2 No Daath	1 ☐ Inpatient	2 ☐ ER/Outpa 28b. Tim	IIIBRIT 3LI DOA		1	dence 6 Oth		
el 5 Pending dent Investigation	(Month, Dey Ye	ear) Zeo. Tim Inju	ry W	ork? □ Yes 2 □ No	28d. Describe	how injury occur	rred	
	d 286. Piece of injury	- At home, ferm, Specify)	, street, fectory, offic	9			ber or Rural Route Nur	m <i>ber</i> ,
	sminer: On the basis of exa	amination and/o	eeth occurred et the r investigetion, in my	time, dete end place opinion, deeth occu	, end due to the rred et the tima,	ceuse(s) end me data and plece,	enner es steted. end due to the cause((s)
1 ☐ Certifying P	1.		29c. Lice	nse number		29d. Date signe	ed (Month, Day, Year)	
1 Certifying P Medical Exa	rellarle			C.M.E		JULY (08, 1996	
d	de de del Could not determine 1 Certifying F Wedical Exi e end title of certifier	de del Could not be determined 28e. Plece of Injury building, etc. (3	28e. Piece of Injury - At home, ferm, building, etc. (Specify) 1 Certifying Physician: To the best of my knowledge, do the series of examination and/of end title of certified endress of person who completed cause of deeth (Item 23a) (Type deeth series of person who completed cause of deeth (Item 23a) (Type deeth series of person who completed cause of deeth (Item 23a) (Type deeth series of person who completed cause of deeth (Item 23a) (Type deeth series of person who completed cause of deeth (Item 23a) (Type deeth series of person who completed cause of deeth (Item 23a) (Type deeth series of person who completed cause of deeth (Item 23a) (Type deeth series of person who completed cause of deeth (Item 23a) (Type deeth series of person who completed cause of deeth (Item 23a) (Type deeth series of person who completed cause of deeth (Item 23a) (Type deeth series of person who completed cause of deeth series of person who completed cause of deeth (Item 23a) (Type deeth series of person who completed cause of deeth series of person who completed cause of deeth series of person who completed cause of deeth (Item 23a) (Type deeth series of person who completed cause of deeth series of person who completed cause of deeth series of person who completed cause of deeth series of person who completed cause of deeth series of person who completed cause of deeth series of person who completed cause of deeth series of person who completed cause of deeth series of person who completed cause of deeth series of person who completed cause of deeth series of person who completed cause of deeth series of person who completed cause of deeth series of person who completed cause of deeth series of person who completed cause of deeth series of person who completed cause of deeth series of person who completed cause of deeth series of person who completed cause of deeth series of person who completed cause of deeth series of person who completed cause of deeth series of deeth series of deeth series of deeth series of deeth series of d	28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 1 Certifying Physician: To tha best of my knowledge, deeth occurred et the Addical Examiner: On the basis of examination and/or investigation, in my end menner steled. 29c. Licer Oedress of person who completed causa of deeth (Item 23e) (Type, Print)	28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 1 Certifying Physician: To tha best of my knowledge, deeth occurred et the time, dete end place of Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, dete end place of end title of certified and menner steled. 29c. License number O.C.M.E	28e. Plece of Injury - At home, ferm, street, fectory, office 28f. Location (City or To 28g. Plece of Injury - At home, ferm, street, fectory, office 28f. Location (City or To 28f. Location (City or To 28f. Location (City or To 28f. Location (City or To 28f. Location (City or To 28f. Location (City or To 28f. Location (City or To 28f. Location (City or To	28e. Place of Injury - At home, ferm, street, fectory, office 28f. Location (Street end Numi City or Town, Stete) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end m 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, data and place, end title of certifier 29c. License number 29d. Date signs 29d. Date signs 29d. Date signs 29d. Date signs 29d. Place of Injury - At home, ferm, street, fectory, office 28f. Location (Street end Numi City or Town, Stete) 29d. Date signs 29d. Date signs 29d. Date signs 29d. Date signs	28e. Plece of Injury - At home, ferm, street, fectory, office 28f. Location (Street end Number or Rural Route Number or Rural Route Numbe

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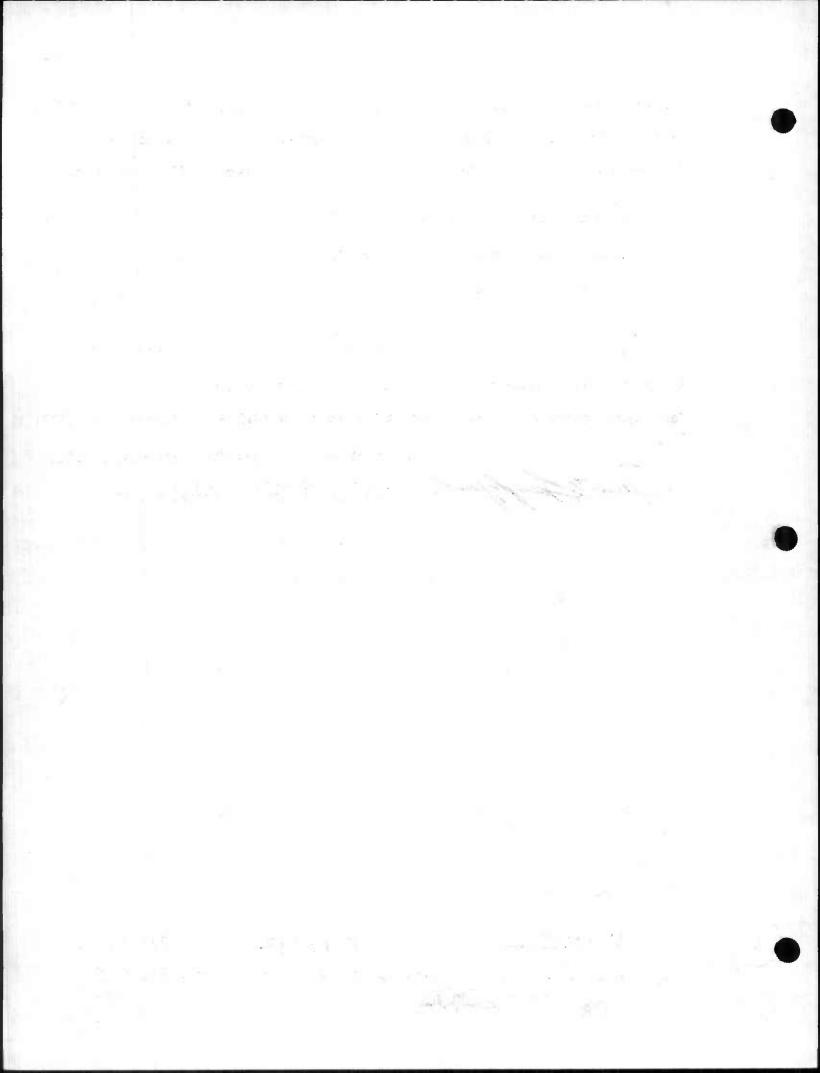
State of Maryland / Department of Health and Mental Hygiene 9 6

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daeth 3. Tima of Death **Physician** Month Day Year Henry Kenneth Eckstorm July 12, 1996 12:55 pm /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, giva straet and number) 4c. County of Death **Examiner** 835 Baltimore Yacht Club Rd. Essex Baltimore If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) Birthplace (State or Foraign Country) **Funeral** MM 2DF 212-30-4547 Yrs. 65 Director Dec. 8, 1930 Maryland Usual Residence of Dacedant 10a. Stata 10b. County 10c. City, Town or Location d other than "natural, or items 23a or 28a-f show event, the Med cal Experien must be neaffed at 10d. Insida City Limits Director 1 Yas 2000 Maryland Baltimore Essex 10e Street and Number 10f. Zip Coda 10g. Citizan of What Country? 835 Baltimore Yacht Club Rd. 21221 U.S.A. Funeral 12. Was Dacadant Ever in U,S. Armed Forcas? Was Decadant of Hispanic Origin? (Spacify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, White, etc. Pages 1 and 2 should be filed within 72 hours after □ Yas 21 No Yas, Giva 1 Nevar Marriad 2 Married 3altimore, Maryland 21215-0020 1 ☐ Yas 2X No Specify: Specify: þ 3 Widowad 4 Divorced White natural', Year or Dates: Completed 15. Decedant's Education (Spacify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Hygiene. College (1-4or 5+) Policeman Baltimore City is marked other 17. Father's Nama (First, Middle, Last) 18. Mothar's Neme (First, Middla, Majdan Surnama) Be Health and Mental Henry Nicholas Eckstorm 2 Norma Bavers 19a. Informent's Name/Ralationship (Typa, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Hem 27 Carolegene Eckstorm 835 Baltimore Yacht Club Rd. Baltimore, Md. 21221 (wife) 20b. Place of Disposition (Nama of camatary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata permit. Pages 1
Department of F
Important: If its
any injury or ot
once. 1 ▼Burial 2 □ Cramation 3 □ Ramoval from State 4 □ Donetion 5 □ Other (Specify) Oak Lawn Cemetery 7/15/96 Baltimore, Maryland 22. Nama and Addrass of Facility
Bruzdzinski Funeral Home P.A. 21. Signature of Funeral Service Licen 1407 Old Eastern Ave. Essex, Md. 21221 23a. Part1. Enter tha disaesa, or complications that caused tha death. Do not anter the mode of dying, such es cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximata Intervel Batween Onsat and Daath **Physician** /Medical Immediata Causa (Final 15 minutes disaasa or condition rasulting in deeth) **Examiner** Examir Saquentially list conditions, if any, leading to immadiata cause. Entar Undarlying Ceusa (Disaase or Injury Division of Vital Records, P.O. Box 68760, pg Physician/Medical that initiated events resulting in death) Last 2 Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Wera autopsy findings eveilable prior to 24a. Was an autopsy performed? completion of causa of death? The law **Dage 2** 1 Yas 2 No 25. Was casa rafarred to medical axaminer? Be 26. Placa of Death (Check only ona) 20 No Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Othar: 4 Nursing Homa Specify) Certification: To 1 Yas 量 28e. Data of Injury (Month, Day Year) 27. Manner of Deeth 28d. Dascribe how Injury occurred Attac 28b. Time of 28c. Injury at Work? 5 Panding invastigation 1 Netural 1 Yas 2 No 2 Accidant Director: 6 Could not be 3 ☐ Suicida 28a. Pleca of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, State) 4 Homicida Sinou s Certifying Physicien: To the best of my knowledge, death occurred et the time, date end place, and due to the cause(s) end menner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated. Medical 29a. Cartifiar (Check only one) 29b. Signatura and titla of certifiar 29c. License number 29d. Date signad (Month, Day, Year) 30. Name end address of parson who complated cause of death (Item 23a) (Type, Print)

KHIN -M. TUN. 1006 Taylor Avenue Towson md 21286 31. Dete filad (Month, Day, Year)

JUL 1 5 1996 State Registrar



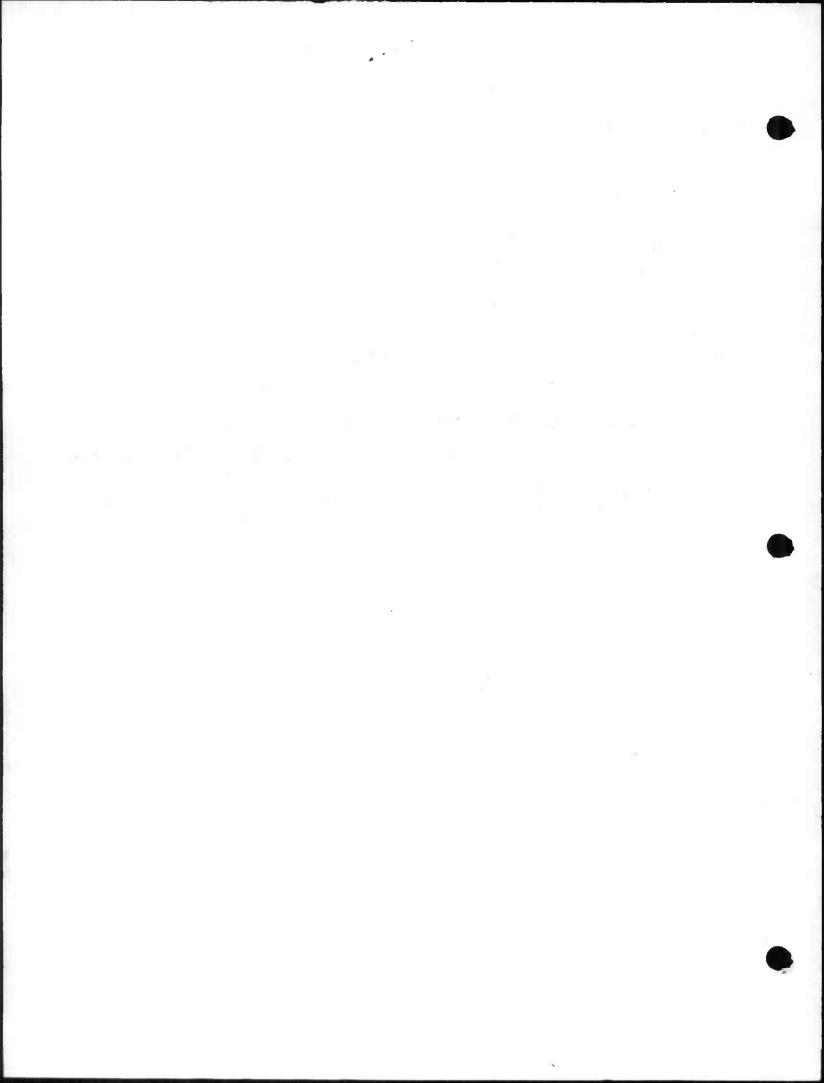
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the nospital or activities that be not signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should make that the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.

INPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) Edmund J. Fick					2. DATE OF DEATH MONTH DO	AY 1	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTNPL	ACE (State or Foreign
	214-01-2541 9a. FACILITY NAME (If not institution, give s	1 🔀 M 2 🗆 F	89 YRS.	ONTHS DAYS	HOURS MIN.				more,Md.
5	Union Memorial H				more Cit		9c. COUNT	N/A	н
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Y	10c. CITY.	TOWN OR LOCAT	ION			10	d. INSIDE CITY
	Maryland Balt	timore Co.		Tows					LIMITS?
	10e. STREET AND NUMBER	22.020 00.			ZIP CODE		10g. CITIZE		T COUNTRY?
	104 Kenilworth I	Park Drive A	pt. 2 A		21204		Unite	d Sta	ates
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES				IIC ORIGIN? (Specify Yes		4. RACE -	American Indian, /hita, etc.
	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		NO Specify			Specify:	White
	15. DECEDENT'S EDU	W.W.II	18a, DECEDENT'S U	SUAL OCCUPATION	IN .	16b. KIND OF BUS	SINESS/INDI		MILLE
	(Specify only highest grade		(Give kind of wo	ork done during mo	st of working	Total Kills of Both	311123311173		
	12	02	Roc	ofing		Edward	G. Fi	ck &	Co.
5	17. FATNER'S NAME (First, Middle, Last)				18, MOTNER'S NA	ME (First, Middle, Malden			
١	Edward George Fi	lck			Mary 7	Theresa Lit	ttle		
5	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow			
1	Cecile B. (Nee Fi								
	20a. METNOD OF DISPOSITION 1 Seurlal 2 Cremetion 3 Ram	oval from Stata cen	netery, cremetory or oth St Holy F	F DISPOSITION (Na er place)	ma ol		CATION — CI		
	4 Donation 5 Other (Specify)	CENSEE TO FF COLL T	Cair	RECEEMET	D ADDRESS OF FA	7/15/96 Bal	Ltimor	e,Mai	ryland
	rethin L.	Gair	. Gall	Ruck 7	lowson Fu	meral Home			_
	Jijuj o	fare		1050 3	ork Road	Towson, Ma	arylan	d 21	
	23. PART I. Enter the disesses, or shock, or heart failure.	List only one cause on a	d the deeth. Do no ach iina.	ot enier the mo	de of dying, suc	h ss cerdiac or resp	iratory srres	st,	Approximats interval Between
	IMMEDIATE CAUSE (Final disease or condition	e-mar-	1		0	`			Onset and Daath
	resulting In death)	a. Severe DUE TO (OR AS)	CONSEQUENCE OF	101	neumoni	વ			2 00 25
		CVA							3yrs.
	Sequentially list conditiona, if any, lasding to immadiata	DUE TO (OR AS)	CONSEQUENCE OF)	7					
5	cause. Enter UNDERLYING CAUSE (Disease or injury	C							
	that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	:					
3		d	-1-1-1						
1	PART II. Other significant condition		out not resulting in	tha underlyin	g causa given in	Part i. 24a. WAS AN PERFOI			ERE AUTOPSY FINDINGS AILABLE PRIOR TO
MEDIC	Metastatic Pr	ortatic CA				1 YES :	NO NO		OMPLETION OF CAUSE F DEATH?
	DID TODA CCO LICE CONT	DIDLITE TO CALLEE	C DEATH VE	- Clue C	1 1111055511	1 127		1	TYES 2 TENO
I SICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	KIROLE IO CAOSE C	26. PLACE OF DEATH		UNCERIAI	N M			
2	EXAMINER? 1 YES 2 2 NO	HOSPITAL:		OTHER:	a E [] Basidanas	8 Other (Specify)			
É	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c. IN.	URY AT	28d. DESCRIBE HOW	INJURY OCCU	JRED	
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	4.4	PRK? YES 2 NO				
0 00	3 Suicida 8 Could not be	28a. PLACE OF INJURY building, atc. (Spe	f — At home, tarm, st	rest, factory, offic		28t. LOCATION (Street City or Town, State		r Rural Rout	te Number,
	4 Nomicide detarmined								
MILE		SICIAN: To the best of my know	rledge, desth occurred	d at the time, data	and place, and due	to the cause(s) and me	nner aa stated	d.	
5	one) 2 MEDICAL EXAMIN	ER: On the beals of examination	n and/or investigation	, in my opinion, o	leath occured at the	time, data and place, at	nd due to the	cause(s) a	nd manner as stated.
2	296. SIGNATURE AND TITLE OF CERTIFIE	R Mik	0		29c. LICENSE NU		29d. DATE	SIGNED (M	gnth, Day, Year)
2	Moren	Bens	reg AJO)	ATZ	138946	7	10/	96
-	30. NAME AND ADDRESS OF PERSON WI	COMPLETED CAUSE OF DE	1115		1.1	11:00-1	2	114	TM a co
	31. DATE FILED (Month, Day, Year)	a 32. REGISTRAT'S SIGN	IATURE	1 1110	noria	LEUKITA	LA	JIIIA	nore MD
		erlia Nevidson Par				,-			



96-3684-510 TIEMS: 23 PART Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 96 - 13927, 28a-f, PER MEO FILM State of Maryland / Department of Health and Mental Hygiene B.K.S G-737 7/19/96 tat Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** JULY 0705 AM TYRONE FRIERSON /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner DIVISON STREET (REAR ALLEY BALTIMORE BALTIMORE, CITY 2100 BLK. 5. Sociel Security Number 7. Age (In yrs. last birthday) if Under 1 Year Months Days If Under 24 Hrs. Hours Min. Date of Birth (Month, Dey, Year) 3/18/1962 9. Birthplace (State or Foreign **Funeral** Days Hours 1 X M 2 □ F WASHINGTON, DC Director 214-82-1693 34 Usual Residence of Decedent 10a Stete 10b. County 10c. City. Town or Location 28a-f show 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at XXYes 2□No Director MARYLAND BALTIMORE, CITY BALTIMORE the 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 1907 PARK AVENUE items 23a U.S.A. 21217 Funeral 12. Was Decedent Ever in U,S. Armed Forces? 11. Marital Stetus Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 Never Married 2 Married 9 Baltimore, Maryland 21215-0020 Specify: BLACK 1 Yes 2 No þ 3 ☐ Widowed 4 ☐ Divorced "natural", Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry I Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 12 0 UNKNOWN UNKNOWN and Mental Hygi 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be LEROY FRIERSON CHRISTINE KINGWOOD 2 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) nt of Health a If Item 27 is or other trau 1907 PARK AVENUE BALTIMORE, MARYLAND 21217 CHRISTINE FRIERSON(MOTHER) 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Locetion - City or Town, State Date 1 ☑ Bunal 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Department of Important: If any Injury or once. MOUNT ZION CEMETERY 7/11/1996 LANSDOWNE, MARYLAND 21. Signature of Puneral Service Ligar ESTEP BROTHERS FUNERAL HOME PA. 23a. Part1. Enter the disease, or complications met caused the death. Do not enter the mode of dying, such es cerdiac or respiretory errest, shock, or heart feilure. List only one ceut in on each line. 1300 EUTAW PLACE BALTIMORE, MARYLAND 21217 Approximate Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) COCAINE AND NARCOTIC INTOXICATION Examiner Due to (or as a consequence of) Examiner that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or es a consequence of) physician s the buriel P.O. Box 68760, Physician/Medical Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, p Sign 8 Completed 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Wes en autopsy performed? page 2 1 Yes certificate 2□No 1 Yes 2 No Vital Hospital or Attending Physician: Be 25. Was cese referred to medical exeminer? 26. Piece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 XX Her (Specify) ALLEY XX es 2 □ No Certification: To of this 28e. Date of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Division After Pending FOUNDRY 1 Natural within 24 hours after death.

To the Funeral Director: A completely filled in by the fi investigation 1 Yes 2XNo UNKNOWN 2 Accident FOUND: 7-3-96 7:00 6 X Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Royte Number City or Town, State) 2100 BLK. DIVISION 4 Homicide FOUND: ALLEY ST. BALTIMORE CITY, MARYLAND 1 Certifying Phyalcian: To the best of my knowledge, deeth occurred at the time, date end plece, and due to the cause(s) and manner es stated.

Wedical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. 29a, Certifier Medical To the 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) JULY 3, 1996 O.C.M.E

State Registrar 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

YANGE (Month, Dey, Year)

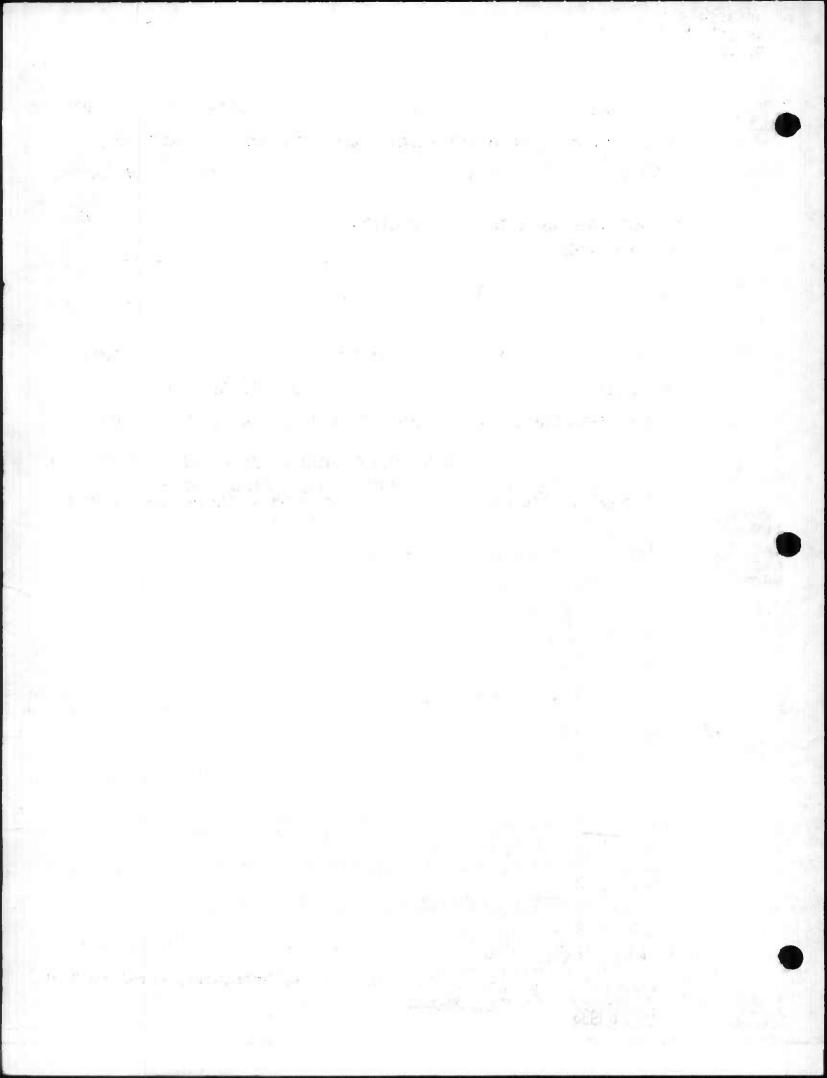
JUL 15 1996

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

Penn Street, Baltimore, Maryland 21201

31. Date filed (Month, Dey, Year)

JUL 15 1996



	1. Decedant's N	ama (First, Middla,	Last)			Certifica				2. Data of Death		500		3. Tima c	f Daath
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Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

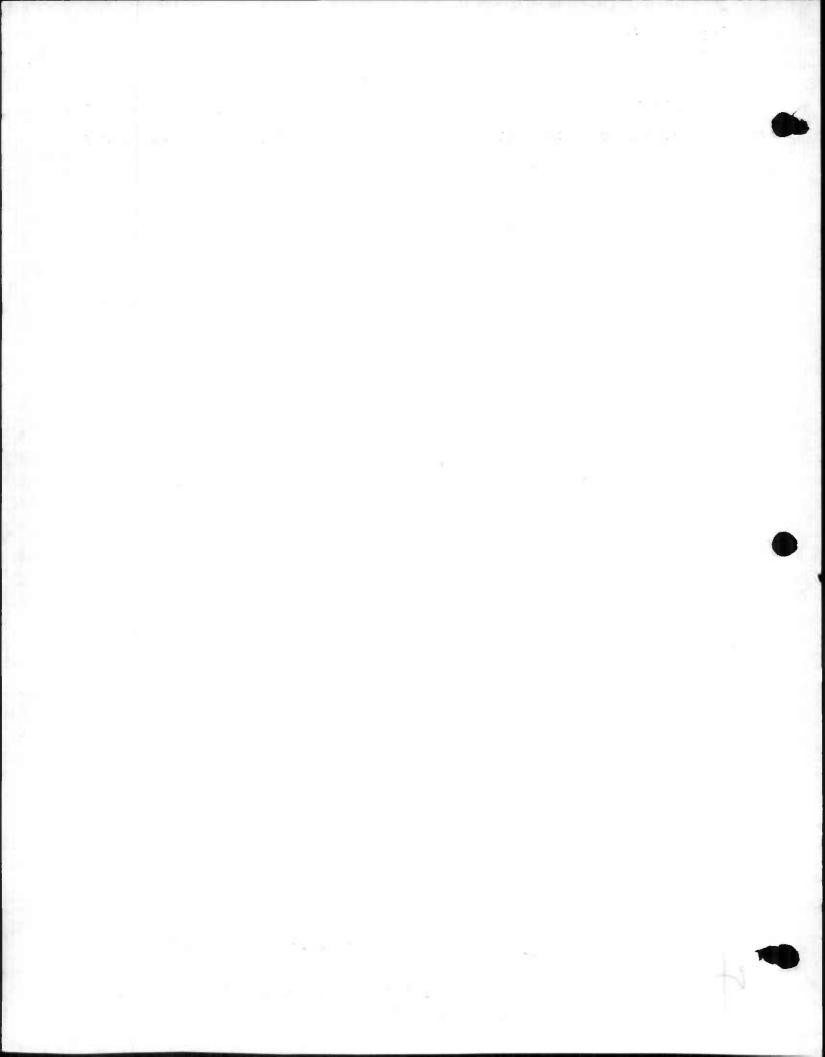
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29c. Licansa number O.C.M.E. 29d. Data signed (Month, Day, Year) JULY 9,1996

and causa of death (Itam 23a) (Type, Print)

Dennis 31. Data filad (Month, Day, Yaar) te 111 Penn Street, Baltimore, Maryland 21201

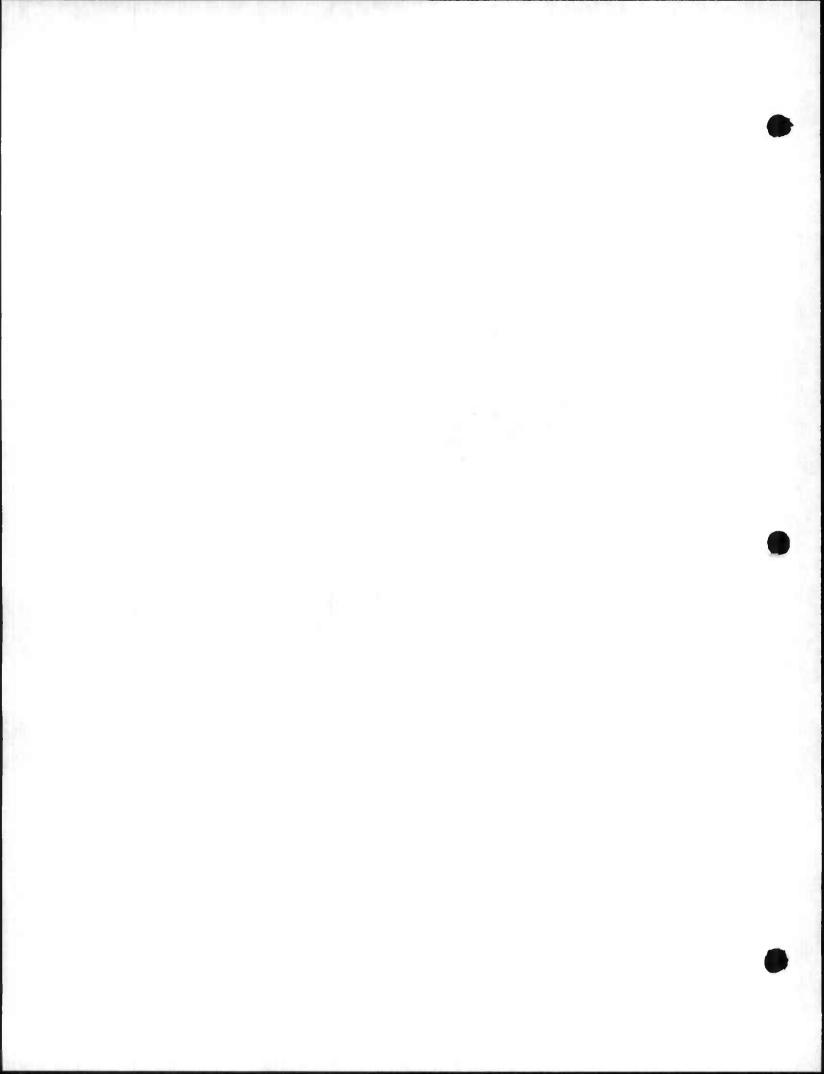
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MISSING

DEATH

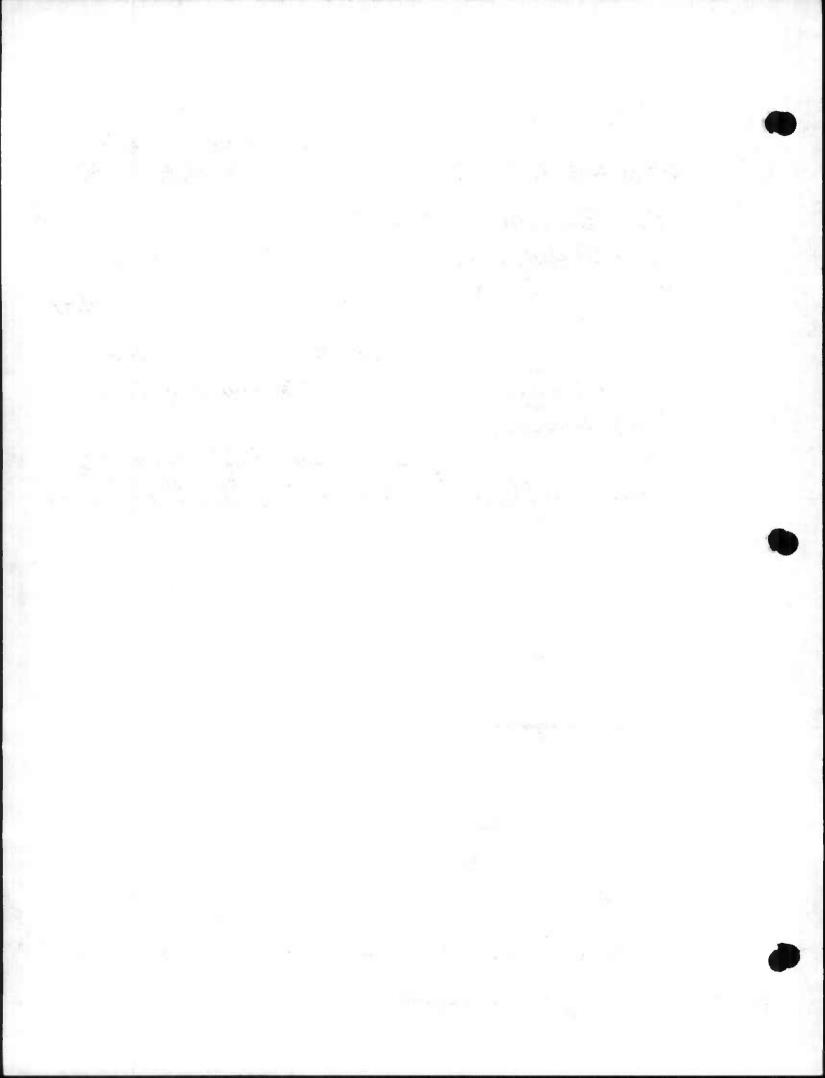
certificate no.: 1996-20903



State of Maryland / Department of Health and Mental Hygiene

96

				Certifica	ate o	f Death		Reg. No.	20 ==	0 2 0 -
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Physician /Medical	_	George Gr	24				June		1996 1	10 pm
Examiner		ta. Facility Nama (14-not institution, gi	iva street and number)	*		4b. City, Town, or I	Location of Dea			
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uneral	67	5. Social Security Number 6.	Sax 7. Aga (in yr	/ Month	dar 1 Yaa		8. Data of B	irth Day Yaar	9/ Birthplace	(Stata or Foreig
rector		X17-60-4455	94	Yrs.			NOV.	19,1901	14	9.
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be notified at Director	-	10e. Street and Number	11/44-		Zip Code	~		10g. Citizan of		
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niver must		11. Maritai Status	12. Was Decedant Evar In	IIS 13 Was Dev	O traher	Hispanic Origin? (S	nacify Yas or N	14 88	ca - Amarican In	dian
Funer m		Nevar Married 2□ Married	Armed Forces?			Hispanic Origin? (S ban, Maxican, Puart	o Rican, atc.)	Bla	ck, Whita, atc.	
by		3 Widowed 4 Divorced	If Yas, Give Yaar or Datas:	1 □ Yas	2014	o Specify:		Specif	y: 11221	TE
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To the		UNKNO	WN			TABI	THA	MAIL	SRAY	
E .		19a. Informant's Name/Ralationship	(Type, Print)	19b. Mailing Addra	iss (Stree	et and Number or Ru	ral Routa Num	ber, City or Town	, Stata, Zip Cod	a)
any injury or other traumatic event, the Medical odds. To Be Completed		TRANK NEW	DELL	600 BA			10	CUSON /	ND. 21	204
to a	2	20a. Mathod of Disposition 1 Deuriai 2 Cramation 3	20b.	Place of Disposition (A compeny, cramatory of	lama of r othar p	lace)	Data Tul N &	20c. Location	- City or Town, S	Stata
2		4 Donation 5 Other (Special		VOSHELL	5 (EM.	1996	BALT	D. MZ) .
SOC.	1	21. Signature of Funeral Service Line	nsee / / /	22. Name	and Add	rass of Facility	287	9 LIVE	SON ST	-,
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cian	1	Shook, of flaart failura. Elst offi	ona causa on aach ina.						Ons	rval Between et and Death
dical		Immediata Causa (Final disaasa or condition	a Septice	2000	S	eptic !	Loads	()	5	dans
niner	ľ	rasulting In death)	7	(or as a consequence of	-	So II.C	3			ours) 3
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be detached for us by Physician	F	Part II. Other significant conditions	contributing to death but not re	asulting in the underlying	causa g	givan in Part I.	23b. Did	d tobacco uee co	ontribute to the	cause of deat
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director, pag		25. Was casa rafarred to medical axaminar?	Hannital .			26. Placa of Dea	ith (Check only	ona)		
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5	-	- warrier >	5 WILL 3111		294	0331-PG	4024	JUNE	20,10	196
1	3	O. Nama and addrass of person who	complated causa of death (Its		60				47	
		S I Date filed (Month Day Year)	Tar ich	Burga / Hara	~					
State	3	11. Data filed (Month, Day, Year)	GUNDHUMO PROGRA	The second second						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 20905

				Otato of W	iaiyiai		Certifica			wichtai riy	Reg. No.	, ,	0303
	D11-1		1. Decedant's Nama (First, Middla, La	st)						2. Data of Dea		Yaar	3. Tima of Death
	Physici /Medic		BEVERLY	JEAN (GILL					JULY		996	1:20PM
	Examir		4a. Facility Nama (If not institution, giv	a street and number)				4b. City, Town, or	Location of Death	4c. County	of Death	
1			GREATER BALTIM				VTER	434	TOWSON		BALT		
L	Funeral Director		5. Social Security Number 6. S 215-34-1265 Usual Rasidance of Decedant	ex 7. A	ga (In yrs.		Month	ar 1 Yaar B Days			7, 1936	9. Birthp Coun Mar	laca (Stata or Foreign try) yland
	show		10a. Stata 10b. County		10c. Cit	ty, Town	or Location					1	Od. Insida City Limits
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	or 28	Funeral Director	10e. Street and Number				10f. Z	lp Coda			10g. Citizen of V	Vhat Coun	try?
	23a	rai	1709 W. Joppa Ros	ad					139		US		
		une	11. Marital Status	12. Was Decedant Armed Forcas	?	,S.	13. Was Dec	edant of ecify Cub	Hispanic Origin? (pan, Maxican, Pua	Specify Yas or No- rto Rican, atc.)	14. Raci Blac	e - Amaric k, Whita,	an Indian, atc.
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Maryland 21215-0020	'natural', or he	ted	15. Decedant's Ed	lucation		16a. [ecedant's Us	ual Occu	pation		16b. Kind of Bu	sinass/Inc	lustry
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e,	ges 1 and 2 should be filed to fleelth and Mentel Hyging 17 is marked other or other traumatic event,		Charles E. Gill, 20a. Mathod of Disposition	Jr.	20b. F	Place of I	Disposition (No cramatory of	ama of	a koad,	Data	20c. Location -	City or To	21139 -0065 wn, Stata
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1			> Yaul (1)	100 11	M			03	0929		7/9/	196	
,	3		30. Nama and address of person who	complated causa of	daath (Itan	n 23a) (T	ype, Print)	4-	/ 02 -	000 h	0/10-	4	
			PAUL GERANS,	9867	Barlo	ser la	00 50	4683	1 RALI)	nove Mr.	2120		
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State of Maryland / Department of Health and Mental Hygiene 96

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Funeral Director		5. Social Sacurity Number 216-07-3731	6. Sax	M 2 ⊠ F		yrs. last birthda 81 Yrs.	Months	Days	If Under Hours	24 Hrs. Min.	8. Data of E (Month, L AUG	irth Pay Year	914	9. Birthe Cour Mar	place (Stete or Foraign of y) and
Maryland H show	tor	Usual Rasidance of Dacedent 10a. Stata 10b. Cour Md.	altin	nore	100	c. City, Town or	Location	Sto	neleig	jh				1	10d. Inside City Limits 1 ☐ Yes 2 🔯 No
h with the	Funeral Director	10e. Street end Number	6701	Maxal	lea Ro	ad	10f. Zi	ip Code	21	239				vhat Cour	
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Te, Mar 1 and 2 sho Heelth and am 27 is m		Catherine A.				r) 90	07 Mi	ller				Balti	more	, Md	1. 21219
Baltimore, semit. Pages 1 el separtment of Hee mportant: If item: inty injury or othe inter.		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetio 4 ☐ Donetion 5 ☐ Other			n Stete	ob. Place of Dis cemetery, cr St. Mar	y s G	othar pla OVEN	S		7/96				own, Stata Maryland
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Physician /Medical Examiner		23a. Pert1. Enter tha disaase, shock, or heert tailure. L' Immediate Cause (Finel disaese or condition resulting in death)	or complic lst only one		LON C	ANCER to (or es e cons			ng, such as	cardiac	or respiratory	arrast,		-	Approximete interval Batween Onset and Deeth SYEARS
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P.O.	Ž.	Part II. Other significant cond	itions cont	ributing to o	death but not	t resulting In the	underlying	cause gi	ven in Pert i	•					o the cause of death? bably 4 Unknown
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State of Maryland / Department of Health and Mental Hygiene

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Examin		4a. Facility Name (If not institution, give	a straet end number)				4b. City, Jown, o	r Location of Dee	th 4c. County	of Deeth	
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r 284	ě	10e. Street and Number				10f. Zip Code			10g. Citizen of		ntry?
d 2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. T le marked other than "natural" or items 23a or 28e-f show treumatic event, I'm Marical Examinat result be notified at	Funeral Director	410 W. Franklin	Street			2120	2		unkn	วพท	
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ther in the state of the state	T	1 Never Merried 2 Married	12. Was Decadant E Armed Forcas?	unknown	l lt)	Yes, specify Cub	en, Mexican, Pu	erto Rican, etc.)		ck, White,	
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Department Important any injury		21. Signature of Funeral Service Licer	B B Vansa	nt	22.1 C+	Name and Addr	ess of Facility	rd-655 W	Raltin	nata	Stroot
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1291.0	1	23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that caused	the death. Do							Approximate
hysician		snock, or neart salure. List only	one cause on each iin							- 1	Interval Between Onset and Death
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8 9	ysician	Part II. Other significant conditions of		t not resulting i	n the und	derlying cause g	ven in Part I.	- A			
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State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** HARKER 8:20 PM DAVID JULY /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner St. Agnes Hospital Baltimore n/a | H Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) | Mar. | 7, 1948 5. Sociel Security Number 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funeral** 10 M 20 F Yrs. 218-46-8890 Director Maryland Usuel Residence of Deceden 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at unknown unknown unknown 1 ☐ Yes 2 ☐ No Director unknown 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? unknown U.S.A. unknown 11. Marital Status Unknown 12. Wes Decedent Ever in U.S. Armed Forces? LLN2.NOWN 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: Rece - American Indian, Bleck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) permit. Pages 1 and 2 should be filed within 72 hours effer. Department of health and Mentel Hygiene. Important: If them 27 is marked other than "natural", or ite 1 Never Married 2 Merried specify: White altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) unknown unknown 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) unknown unknown 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 111 8 1 ☐ Burlal 2 ☐ Cremetion 3 ☐ Removel from Stete 4 □ Donetion 5 ☑ Other (Specify) State rem 21. Signeture of Funeral Service Licensee Joseph 22. Name end Address of Fecility State Anatomy Board-655 W. Baltimore Street Baltimore, Maryland 21201-23a. Part. Enter the disease for complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Baltimore, Maryland 21201-1559 Approximete Interval Between Onset and Deeth Physician Immediete Cause (Finel PNEUMONIA

Due to (or es e consequenca of): One Month diseese or condition resulting in death) Examiner Examiner Ohe Month UNG CANCER physician end s the buriel-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last Physician/Medical Due to (or es a consequence of): ate hes been signed by the ettending p page 2 should be detached for use es Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 X Unknown SCHIZOPHRENIA 24b. Were eutopsy findings eveilable prior to completion of cause of death? Completed 24a. Was an autopsy performed? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No cartificate Division of Vital To the Hospital or Attending Physician: within 24 hours efter deeth.

To the Funeral Director: After this cartifica completely filled in by the funeral director, I Be 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) Hospitel: 1 X Inpatient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Yes 2 No 27. Menner of Death 28c. Injury et Work? Certification: 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) end menner as steted.

2 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner steted. Medical 29e. Certifier 29b. Signeture end title of certifier 29d. Date signed (Month, Dey, Year) 29c. License number P.0 9140 Maning Rabal, M.D. 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

MUNIF RAHAL, ST. AGNES HOSPITAL, 900 CATON AVE, BALTIMORE, MD 21229

State Registrar

32. Registrer's Signeture 31. Dete filed (Month, Dey, Year)

APP .

es 1, 2, 3 should

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

EAN

4. SOCIAL SECURITY NUMBER

087-01-2118

9s. FACILITY NAME (If not institution, give street and number)

1 -

2, 3 st	ECTOR	903 W. University Parkway		B	ALT	IMORG		BAL	TIMORE CITY
permit, Pages 1,	DIREC	10a. STATE 10b. COUNTY BALTIMORG		10c. CITY, TO					10d. INSIDE CITY LIMITS? 1 YES 2 NO
ermit.	AL D	10e. STREET AND NUMBER		Balti	more	City 101. ZIP CODE	·-···	10g. CITIZE	N OF WHAT COUNTRY?
Sit	E	903 W. University Parkway				21210		U	SA
ding physician.	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YE YES, GIVE WAR OR	S 2 N		If yes,	DECENDENT OF HISPAN, specify Cuben, Mexical (ES 2 NO Specify	, Puerto Rican, atc.)	es or No— 14	8. RACE — American Indian, Black, While, etc. Specify: W. # 1
use as	밀	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(GA	CEDENT'S USU	done during	ATION most of working	16b. KIND OF B	USINESS/INDUS	TRY
he hospital or detached for once.	COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+) 11 VYS		_{∞ нот и⇔ га} nemaker			Own Re	esidenc	е
by the h	-	17. FATHER'S NAME (First, Middle, Last)				220,000	ME (First, Middle, Malde		
ould by	H	Albert Frederick Gatow 196. INFORMANT'S NAME (Type/Print)	196	MAJLING ADD	RESS (Stre	Jean S	lophia Bo		ode)
e retained 5 should notified	임	Mr. Albert F. Gatow				693. Verge			
may be				OF DISPOSITIO	100	cemetery, crematory or			ty or Town, Stats
age 6 ma director, p		4 Donation 5 Other (Specify)	reen	Mount		atory	Ba	ltimor	e, Maryland
death. Pag e funeral die il.		Martin D. Zawson			Mit	chell-Wied	efeld Hon	ne M	arvland 21212
executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician, and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran to burial, cremation, or removal. matic event, the medical examiner must be notified at once.			S A CONSEC	QUENCE OF):	A I I	mode of dying, such	n as cardiac or rea	piratory arres	at, Approximate intervel Between Onset and Death
and o bur	CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	S A CONSEC	DUENCE OF):	+57	TRIC D	BSTR	ucti	oN
requires that the description of Health and Meshows any injury	MEDICAL	PART II. Other significant conditions contributing to death	but not n	esuiting in th	e underl	ying cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
has be Dept.	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL			26	S. PLACE OF DEATH (Ch	ack only one)		
Sician: The law certificate has h the State Depi d, or item 23	SIC	EXAMINER? 1 YES NO HOSPITAL: 1 Inpatient 2 ER/O	utpatient 3		HER: Nursing I	Home 5 Residence	6 Other (Specify)		
	> 1	27. MANNER OF DEATH 1 Natural 5 Pending Description Pending		286. TIME OF		INJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOV	V INJURY OCCU	RED
L OR ATTENDING P L DIRECTOR: After the hours after death v	TED B	3 Suicide 8 Could not be 4 Homicide determined	IRY — At ho pecify)	me, farm, stree	t, factory, c	office	28f. LOCATION (Stree City or Yown, Sta	et and Number or te)	Rural Route Number,
RAKE	COMPLETED	296. CERTIFIEN CERTIFYING PHYSICIAN: To the best of my kn one) MEDICAL EXAMINER: On the best of examine							
THE HOSPI TO THE FUNER DE filed within IMPORTANT:	BE	29h. BIGNATURE AND TITLE OF CENTIFIER 17 P17 CR M ()) ,,,,,			29c. LICENSE NUI	6170	29d. DATE :	SIGNED (Month, Day, Year) - 12-96
1)	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GOOD ROLE PIRPIRIS, M.D.	7600	OSLE	of 19	PR. S.113	Z Towso	NM	1. 21204
		31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SI	Randal	2					

HAVILAND

5. SEX 5. SEX

6. AGE (In yrs. last birthday)

YRS.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

BALTIMORC

DAYS

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

June 28

1912

96 20909

3. TIME OF DEATH

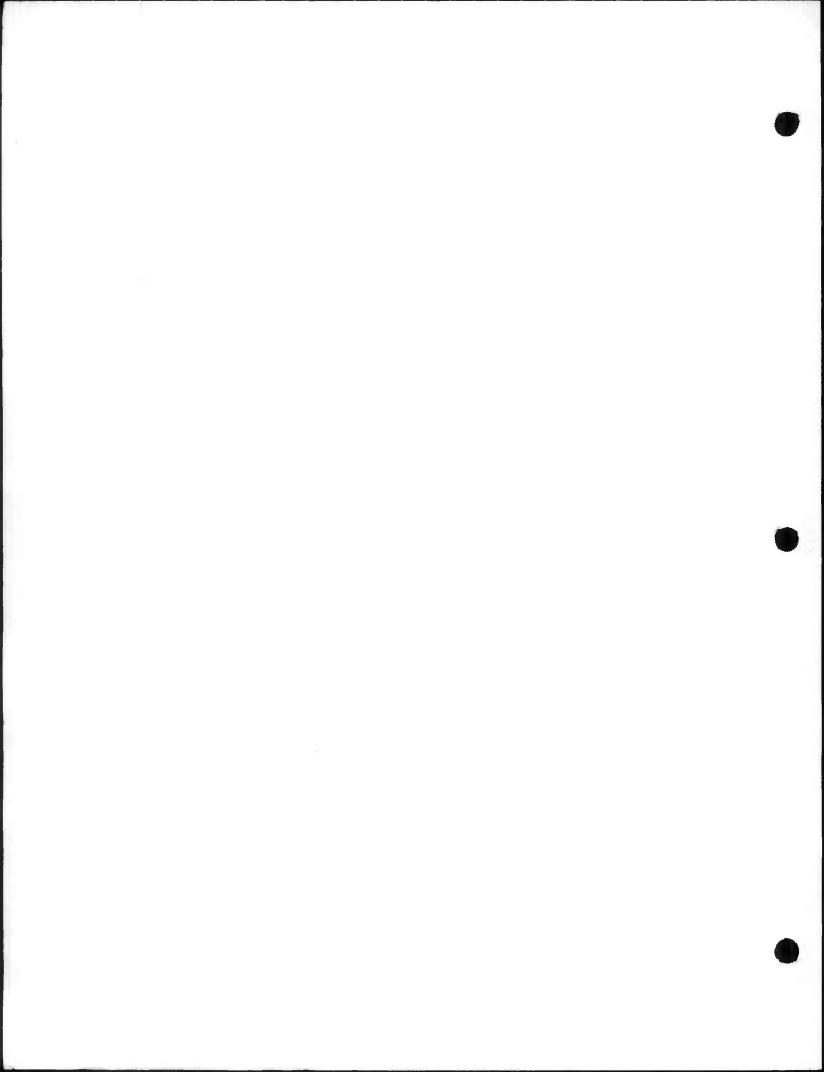
8. BIRTHPLACE (State or Foreign Country)

New York

BALTIMORE CIT

8.15

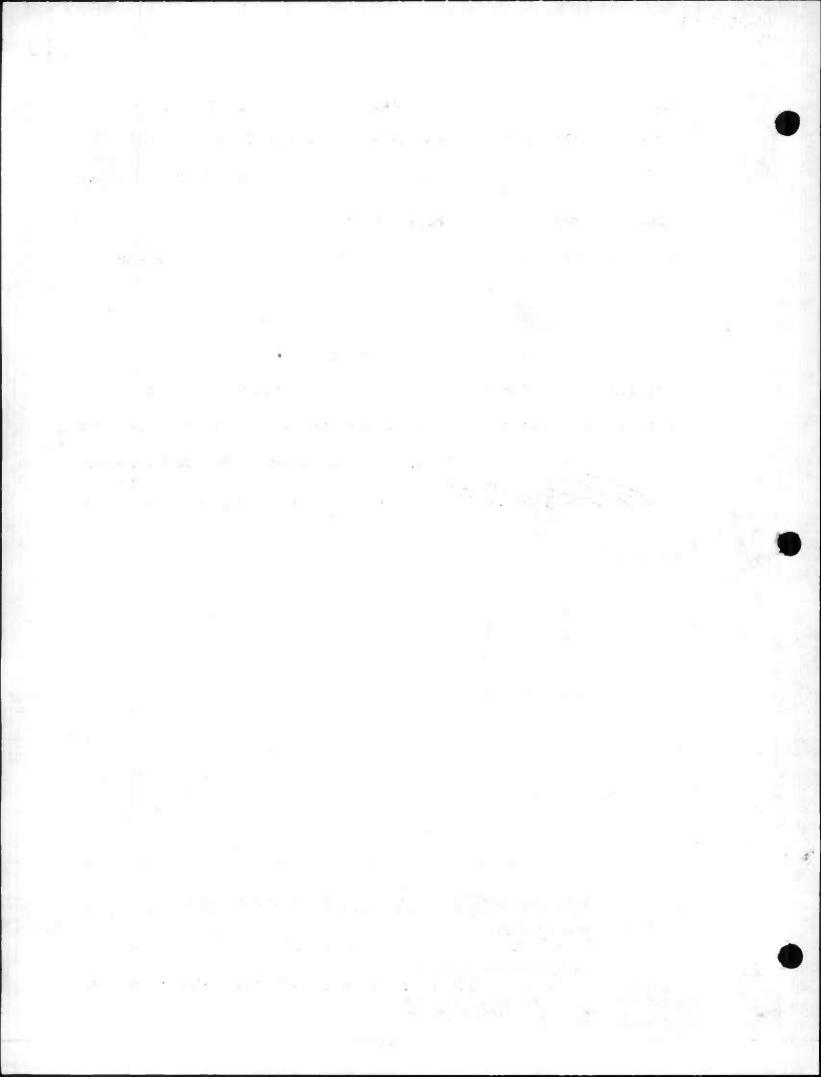
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_	U	7	1	0

					Certificate	of Death		Reg. No.	
Physicia	an	1. Decedent's Name (First, Middle, Las		6			2. Dete of Dee		3. Time of Death
/Medic	-	NIALL	J.		HARTE		JULY	T2 19	96 6:25 AM
Examin	er	4e. Fecility Neme (If not institution, give ISLANDER MOTEL		. & CC	DASTAL H		CITY		Death ESTER
Funeral Director		N/A	X 7. Age	(In yrs. last bin		Year If Under 24 Hr. Deys Hours Mir			B. Birthplace (State or Foreign Country) Ireland
Mon	1	Usual Residence of Decedent 10e. Stete 10b. County		10c. City, Town	or Location				10d. Inside City Limits
28a-f ahow	ţŏ	N/A Cork		Bis	hopstown	n			1 ☐ Yes 2 No
or 28	Director	10e. Street end Number			10f. Zip C			10g. Citizen of Wh	at Country?
23a	ral	7,Halldene Gar	cdens		N	/ A		Irelar	nd
r than "natural", or flams 23a or 28a-f ahor the Medical Examiner must be notified at	by Funeral	11. Marital Status Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent E Armed Forces? 1 Yes 2 Wo If Yes, Give Year or Detes:	ver in U,S.	13. Was Decader If Yes, specify	nt of Hispanic Origin? (y Cuban, Mexican, Pue XNo Specify:	Specify Yes or No- rto Rican, etc.)	14. Race - Bieck, Specify:	American Indian, White, etc.
isal 8		15. Decedent's Edu	ucation	16a.	Decedent's Usuel (Occupetion		16b. Kind of Busi	White ness/industry
Than 'n	Completed	(Specify only highest gred	College (1-4or 5+	-)	(Give kind of work life. DO NOT use Stude:	done during most of wo retired)	orking		
othe /ent,	BeC	17. Fether's Neme (First, Middle, Lest)			Dodder		me (First, Middle,	Maiden Surname)	
	To	Jeremiah	Harte			Kath	leen	McCart	hy
1 2 2		19e. Informent's Name/Relationship (7)	vpe, Print)	19b.	Mailing Address (5	Street end Number or F	lurel Route Numbe		
itam 27 other tr		Aidan Harte/Bro	other			water,Car	rigroha	ne,Cork	,Ireland
		20e. Method of Disposition 1 Buriel 2 □ Cremetion 3 □ F	Removel from State	20b. Plece of cameter	Disposition (Neme y, crematory or other	of er pieca)	Dete	20c. Locetion - Ci	ty or Town, State
Important: I any injury o once.		4 ☐ Donetion 5 ☐ Other (Specify)		St. 0		Cemetery	7/20	Cork, Ir	eland
any ir		21. Signature of Funeral Salvice License	00	m	22, Name end	Address of Fecility		21	231
_ 4 4		1 halles	Charle !		Lilly 8	& Zeiler	Inc. 19	01 East	ernAve.
		23e. Part1. Enter the disease, or compi shock, or heart failure. List only or	icetions thet caused to ne ceuse on each line	he death. Do n	ot enter the mode of	of dying, such es cardie	c or respiretory en	rest,	Approximete Intervel Between
ician		Immediate Course (Final	0 -						Onset end Deeth
edical miner		Immediate Ceuse (Final disease or condition resulting in deeth)	. Orou	unine	1				
	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D	ue to (or es a d	onsequenca of):				
nsit	Ę		b. ———		9				
al-tra	Examine	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	D	ue to (or es e c	onsequence of):				x 1 - 1 - 1
Sicre a buri	cal	Cause (Diseese or injury thet initieted events	o						
anding physician and use as the burial-transit	Ped	resulting in deeth) Last	d	ue to (or es e c	onsequenca of):				
attendir for use	Physician/								
igned by the atte	ysi	Part II. Other significant conditions cor	ntributing to death but	not resulting in	the underlying caus	se given in Pert I.			bute to the cause of death?
deta	by P						101	/es 25 No 3	☐ Probably 4 ☐ Unknown
has been sign	Completed b						24a. Was e perfor		24b. Were eutopsy findings eveileble prior to completion of cause of deeth?
page	E O						1 € Y	es 2 No	1 Yes 2 No
certificate rector, par		25. Wes case referred to medical exeminer?				26. Piece of De	ath (Check only or	ne)	
li dire	0	15 Yes 2□ No	lospitei: 1 🗆 Inpetient	2 ☐ ER/Out	patient 3□ DOA	Other: 4 Nursing I	Home 5 ☐ Resid	ence Dother	SWimming (Specify) pool
mera mera		27. Menner of Deeth 1 ☐ Naturel 5 ☐ Pending	28e. Dete of Injury (Month, Day	Year) In	ime of 28c.	. Injury et Work?		ow injury occurred	
the fi	Certification:	2 Accident investigation 3 Suicide 6 Could not be	7-12-9	6 6	21 AM	1 ☐ Yes 2 ❤️No	Oronnes	d in sw	imming fool
n by	Ē	4 Homicide determined	28e. Place of Injury building, etc.	(Specify)	m, street, fectory, o	ffice	City or Tow	n, Stete) 200	or Aural Route Number,
		OD- Continu	2	Mon				or move	ocean city
Fund stely f	edical	29a. Certifier 1☐ Certifying Phys (Check only one) 2 Medical Examin	ner: On the besis of e	xamination end	deeth occurred at t Vor investigation, in	the time, date end plece my opinion, deeth occi	a, end due to the c urred et the time, d	ause(s) and menn lete end plece, end	er es steted. d due to the cause(s)
mple		29b. Signeture end title of certifier	end menner state	ed.		icense number			
8		Signotorio oriuntito or continor	16/			.C.M.E.		29d. Date signed (i JULY 13	
	-	/						COLL ID	, 1,,,,
	1:	30. Neme and address of person who co	mpleted cause of dee	th (Item 23e) (Type, Print)				
/		1. 1 1 G.	ver 1			et, Baltin		7 7	21201



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible State of Maryland / Department of Health and Mental Hygiene 20911

					Ce	rtificate o	f Death			Reg. No.			
01		1. Decedent's Neme (First, Middle, I	.ast)						2. Dete of D	_	Value	3. Time of Leath	
	ician dical	TAKIYO DAN HALE							JULY	10^{Day} , 1	10, 1996		
	niner	4e. Facility Neme (If not institution, g HOPKINS/BAYV			E.R.			wn, or Loc	r Location of Deeth 4c. Coun		1996 0820 AM nty of Deeth N/A		
Funer	_	5. Social Security Number 6. 217-80-9339	Sex 1 ☐ M 2/CIXF	7. Age (in yrs	. lest birthday) Yrs.	Months Days		24 Hrs. Min.	8. Dete of Birth Month, Dey, Year) F.C.D. 2, 1930		9. Birthplece (State or Foreign Country) Japan		
0		Usual Residance of Decedent						1			Docjo		
Permit. Peges I end 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "naturel", or items 23a or 28a-f show my privary or other treumatic event, the Medical Examine must be notified and the.		10a. State 10b. County	0 + imaka	10c. C	ity, Town or Lo	ecetion	D J . 0	1.			1	10d. Inside City Limits	
	Funeral Director	margeard Bi	Maryland Baltimore				Dundalk				1 ☐ Yes 2 Ø No		
	Ö	10e. Street end Number				10f. Zip Code				10g. Citizen of Whet Country?			
	e a	35 Northship Ro					21222			United States			
	Š	11. Marital Status 1 □ Never Married 2 ☑ Married	arried 1 ☐ Yes 2/D(No		J,S. 13.	13. Was Decadant of Hispenic Origin? (\$ If Yes, specify Cuban, Mexican, Puer			city Yes or N lican, atc.)	lo- 14. Red Bla	14. Rece - Amaricen Indien, Black, White, etc.		
	ò	3 ☐ Widowed 4 ☐ Divorcad			1		☐ Yes 2(XNo Specify:			Specify	Specify: White		
	Completed	15. Decedent's (Specify only highest of	Education	ucation 16e. Deced			lent's Usuel Occupetion			16b. Kind of Business/Industry			
ithin ne.	du	Elementary/Secondary (0-12) College (1-4c		1-4or 5+)	5+)		during most of working ed)						
fygie her ti		10 Years 17. Fether's Neme (First, Middle, Les	41			Housewife		4. 41			Own Home		
t be f	Be		st)							a, Maiden Sumen			
2 should be filed with end Mental Hyglene. Is marked other than eumatic event, the M	ဥ	Tonomo Dan 19a. Informent's Neme/Reletionship	(Tuno Brint)		40h Mailie	- Add (O	Kiy			Not Know			
end 2 s saith en n 27 is i		Marian R. Denny				Mailing Address <i>(Street end Number or F</i> 813 Sand Dollar Wal							
es 1 end of Health I Item 27 r other tr		20e. Method of Disposition		20b.	Place of Dispo	sition (Neme of			Date	20c. Location			
00		1 Burial 2 ACramation 3 4 Donetion 5 Other (Spec		State		Service	•	7/1	2/06	Towson		7.015	
permit. Peg Department Important: If any Injury o	9	21. Signeture of Funeral Servica Lice				. Name end Add			3/10	100001	i, Ma	rigitaria	
Depariment once.	SUG	10000	2			Duda-Ru	ck Fune	ral	Home o	of Dunda	lk, I	nc.	
		23e. Pert1. Enter the diseesa, or co shock, or heert feilure. List onl	nplicetions that o	eused the daa	th. Do not ent	1922 W.C. ar tha moda of d	ving, such es	cardiac or	naak,	, Marylas errest.	id 2	1222 Approximete Intervel Batwaen	
certificate be executed ding physician end isse es the burlei-fransit	ai Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Undarlying Ceusa (Disease or Injury	b	Due to (or as a consequence of): Dua to (or es e consequenca of):									
- 63	an/Medicai	thet initiated events resulting in deeth) Lest	d	Due to (or es a consequence of):									
by the ette	Physician	Pert II. Other significant conditions contributing to death but not resulti				ing In the underlying causa given In Pert I. 23				i tobscco use co	ntribute to	the cause of death?	
requires that the death been signed by the etter hould be deteched for	by Phy								1 Yes 2 No 3 Probably 4 Unknown				
v require been sig should b	Completed								24e. We	s en eutopsy formed?	av	ere eutopsy findings ellabla prior to	
8 8 × ×	hole								INS	PECTION	of	mpletion of cause death?	
: The I									1 🗆	Yes XXNo	1 [Yes 2□ No	
Physician: The this certificate ral director, per	Be	25. Wes case referred to medical exeminer?	Hospitel: Other										
Phys this ral di	.To	XXYes 2 No 27. Manner of Death	1 Inpatient 24 XER/Outpatient 3 DOA 4 Nursir						ng Home 5 ☐ Rasidence 6 ☐ Other (Specify) 28d. Describe how Injury occurred				
Property Attending 24 hours that death. Fung. Director: After eleiy lilled in by the fune	ation	XXNeturel 5 Pending 2 Accident investigation	on (Mont	(Month, Dey Year) Injury Work? M 1 Yes 2 N									
	Çertification:	3 Sulcide 6 Could not determined	200. PIECE	28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)				28	28f. Location (Street end Number or Rural Route Number, City or Town, Stete)				
	edical	29a. Certifier (Check only one) Cartifying Physician: To tha best of my knowladga, deeth occurred at fine time, dete end place, end due to the cause(s) and menner es steted. Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, dete end place, end due to the cause(s) end menner steted.									eted. the cause(s)		
To B	₹ E	29b. Signetura and title of certifier 29c. Licensa number						29d. Date signed (Month, Dey, Year)					
1		peolore 1. V - c/ link				C.M.E JULY 10, 1996							
() (30. Neme end address of person who Theodore King	completed caus	e of death (Iter	n 23a) (Type, I	n Stre	et B	alti	more	Marvl		21201	
10						II OCTC	CC P	the sales the sales	IIIOT C	1 TICLE A .	ana	41201	

8 % a s

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Year **Physician** ROBERT JONES 7:25pm JULY 1996 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE 8. Data of Birth (Month, Day, Year) Nov. 25, 1901 7. Aga (In yrs. last birthday) If Undar 1 Yaar Months Days If Undar 24 Hrs. Hours Min. Birthplaca (Stata or Foraign
 Country) **Funeral** 10 M 20 F 023-07-2495 Ohio Director 94 Usual Rasidance of Decedant 10a. Stata 10c. City, Town or Location 10d. Insida City Limits items 23a or 28a-f shov the Medical Examiner must be notified at Cockeysville Baltimore Director Maryland 1 ☐ Yas 2 🛛 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. Broadmeade#J3-13801 York Road 21030 parmit. Pages 1 and 2 should be filed within 72 hours after-death observment of Health and Mental Hygiene.
Important: If Item 27 is marked other than "natural; or items 23 any injury or other traumatic event, the Modical Examiner must Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 11. Marital Status 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, 1 Nevar Married 2 Married 1 ☐ Yas 2 ☐ No If Yas, Giva Baltimore, Maryland 21215-0020 White 1 ☐ Yas 2 No Specify: Specify þ 3 Widowed 4 Divorced Yaar or Datas Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Coilaga (1-4or 5+) Proctor & Gamble District Salesmanager 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Mary Stamm Channing E. Jones 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) Broadmeade# J3-13801 York Road-Cockeysville, MD. 21030 winifred P. Jones/Wife 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 Donation 5 Othar (Specify) Joseph 8 22. Name and Address of Facility State Anatomy Board-655 W. Baltimore Street KanSant Baltimore, Maryland 2120123 Park Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Baltimore, Maryland 21201-1559 Physician Immediate Cause (Final disease or condition resulting in death) /Medical neumon ? days Examiner Dua to (or as a consequence of): Physician/Medical Examine 15.5 and -transit the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) physician are CA of Division of Vital Records, P.O. Box 68760, 5949-045 all Dua to (or as a consequanca of) 803 signed by the a d be detached Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 4/Cer ģ 24b. Wara autopsy findings available prior to completion of causa of daath? 24a. Was an autopsy performed? ř restificate has b 2X No 1 Yas 1 Yas 2 No 25. Was case referred to medical examiner? 26. Pleca of Death (Check only ona) 2 1□ Yes 25 No Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA Pris 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28b. Tima of 28c. Injury et Work? 28d. Describe how injury occurred Certification: I or Attending F after death. Director: After After 1 Natural 2 Accidant 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 6 Could not be 3 Sulcida 28a. Piace of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida Hospital 24 hours a 24 hours Funeral Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifian Medical (Check only one) To the within 2 To the 29d. Data signed (Month, Day, Year) 29b. Signatura and title of cartifiar 29c. Licansa number (Afterly) MO 137016 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)

Order no 7501 York Asis, Suite 101, Joussia, mg 21204 Culie De Birdistris Alandolle 31. Data filed (Month, Day, Year)
JUL 15 1996 Registrar

DHMH 16 Rev 6/95

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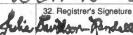
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** 5:17 PM JENNINGS GEORGE 1996 July /Medical 4e. Fecliity Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Laurel Regional Medical Center Laurel Prince George's If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) If Under 1 Year Months Days Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** 100 M 2□ F 61 Director unknown April 25, 1935 Pennsylvania Usual Residence of Decedent 10a. State 10c. City, Town or Location 10d. inside City Limits Maryland Prince George's Laurel 1 ☐ Yes 2 ☑ No Funeral Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ir than "natural", or items 23a or the Medical Examiner must be 809 8th Street-Apt. T2 20707 U.S.A. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 14. Rece - American Indian, Black, White, etc. 11. Meritei Stetus 1 Yes 2 No If Yes, Give Yeer or Dates: 1 Never Married 2 Merried White 1 ☐ Yes 2 No Specify: Specify: ģ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 4 Electronics Engineer Private Ith and Mental Hygie IT is marked other traumetic event, II 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) George Jennings, Mo Weaver 2 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Maryland Sugar Beverly Ann Jennings 809 8th Street-Apt. T2-Laurel, 20707 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Removal from State injury or 4 Donation 5 Other (Specify) 21. Signature of Funerel Service Licensee 22. Name end Address of Facility State Anatomy Board-655 W. Baltimore Street any ir VanSant oseph B Baltimore, Maryland 21201-23a. Part I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or heert failure. List only one cause on each line. Baltimore, Maryland 21201-1559 Approximate Interval Between Onset and Death Physician Immediate Cause (Finei disease or condition resulting in death) /Medical YO Cardial INFARCTION Examiner Examiner Hours physician and a the burtal-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in death) Last Physician/Medical 2 885 for signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Ś 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an autopsy performed? should Completed page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No director, 25. Was cese referred to medical examiner? Be 26. Plece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27 Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Certification: 1 Matural 2 ☐ Accident 5 Pending investigation n 24 hours after death.

• Funeral Director: After pletely filled in by the fun 1 Yes 2 No 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Piace of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 29a. Certifier (Check only one) Certifying Phyeician: To the best of my knowledge, death occurred et the time, dete and placa, end due to the cause(s) and manner as steted.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. Medical To the Hosp within 24 ho To the Fune completely f 29b. Signeture end title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) Wen M.D 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) WilLiam SHEN 321 31. Dete flied (Month, Day, Yeer)

Registrar

State



altimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

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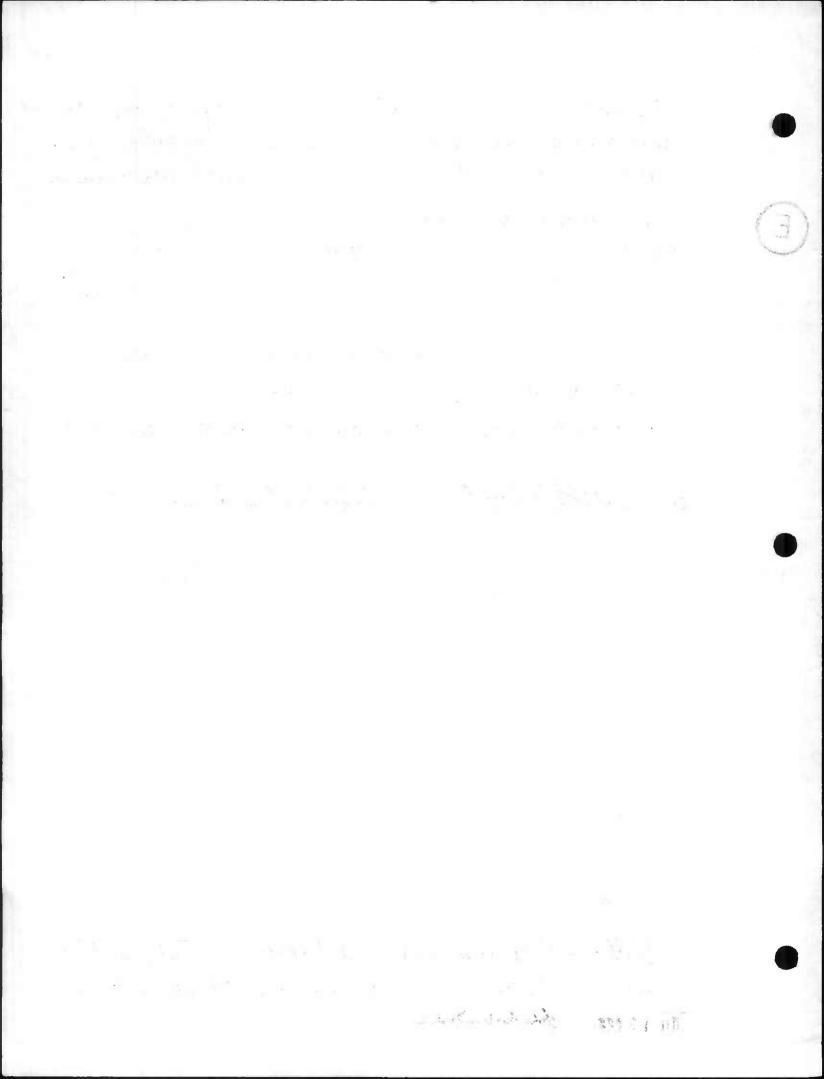
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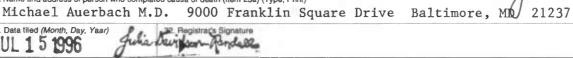
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/Medi Exami		4a. Facility Nama (If not institution, g				4b. City, Town, or	Location of Death			-	
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Funeral Director		093-38-1581	. Sax 7. Aga 1 □ M 2 ☑ F				raar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Feb. 9,			placa (Stata or Foreign intry)) YOLK	
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herra 23a or 28a-1 ner must be notifie	Dir	10e. Street and Number	5 1		10f. Zip Code				zen of What Country?		
1 23°	ra	709 Country Vill			2101				U.S.A.		
'natural', or items 23s or 28s-f sho idical Examiner must be notified at	by Funeral Director	11. Marital Status 1 □ Navar Married 2 ☒ Married 3 □ Widowed 4 □ Divorced	Armed Forcas? Navar Married 2⊠ Married 1 □ Yas 2 □XNo If Yas Giva			 Was Decedant of Hispanic Origin? (Specify If Yas, specify Cuban, Maxican, Puarto Ricar Yas 2 □XNo Specify: 			Yas or No- n, atc.) 14. Race - Amarican Indian, Black, White, atc. Specify: White		
72 ho matur dical	eted	15. Dacedant's (Specify only highast p	Education grada completad)	16a. Dec	edant's Usuai Occ va kind of work dor	cupation na during most of wor ired)	rking	16b. Kind of Businass/Industry		ndustry	
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s 1 and 2 should Health and Mer tom 27 is marks other traumatic	ì	19a. Informant's Name/Ralationship	(Typa, Print)	19b. Ma	lling Addrass (Stra	at and Number or Ru	aral Routa Numbe	or, City or Town,	Stata, Zi	p Coda)	
n 27		Richard P. Kear	rey/Spouse				L#3C-Be		_	Iland 21014	
5 = 5		20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City 20d. Date 20c. Location - City							City or T	own, Stata	
Departmen Important any injury once.		21. Signature of Funeral Survice Licensee Van Sant State Anatomy Board-655 W. Baltimore Street Baltimore, Maryland 21201-1559									
hysician /Medical Examiner		Immediata Causa (Final disaasa or condition rasulting in death)	Metastat		Cell Car	ying, such as cardiac		rest,		Approximate Interval Between Onsat and Death	
75	je l		. Pneumoni	Pneumonia							
sician and burial-transit	ical Examiner	Sequantially list conditions, if any, leading to immediata causa. Enter Underlying Cause (Disease or Injury that initiated evants	D. —	b. Pneumonia Due to (or as a consequance of):							
attending physical for use as the b	Physician/Medic	that Initiated evants rasulting in death) Last	d	Dua to (or as a consequance of):							
d for u	iciar	Part II. Other significant conditions	contributing to death bu	t not resulting in the	underlying cause	given in Part I	23h Dtd t	obacco usa co	ntribute 1	to the cause of death?	
ned by the attending ph detached for use as th	by Phys	Tartin Surai significant conditions	contributing to death bu					1⊠ Yes 2□ No 3□ Probably 4□ Unknow			
has been sign ge 2 should be	Completed b							an autopsy med?	24b. Were eutopsy tindings available prior to completion of cause of death?		
ysician: The is certificate director, page	Som			1 ☐ Yas 2 ☑ No 1 ☐ Yas 2			□ Yas 2□ No				
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24 hours after death. Funeral Director: After Hely filled in by the fune	Certification:	3 ☐ Suicida 6 ☐ Could not datarmine	d 28a. Place of Inju	28a. Place of Injury - At home, farm, street, factory, office building, atc. (Specify)				28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata)			
Funer Funer tely fills	edicai C										
To the comple	Me	29b. Signatura and titla of certifiar 29c. Licensa number 29d. Dete signed (Month, Day, Year) 33551 344 11, 1996									
		30. Name and address of person wh	o complated causa of de	eath (Item 23a) (Type	e. Print)	- 0 - 1		7	-		

State Registrar 31. Data tiled (Month, Day, Yaar)

JUL 1 5 1996



30. Name and address of person who complated causa of death (Item 23a) (Type, Print)

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 209

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** July OPay 1996 RICHARD DAVENPORT KEENE 1530 /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 610 Church Street Brooklyn Park 7. Age (In yrs. lest birthday). 63 Yrs. 5. Social Security Number Birthplaca (Stata or Foreign Country) **Funeral** Months **M** 2□ F Director 217 12 044 MARYLAND Usual Rasidence of Decedent with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Madical Examinar must be notified at MARYLAND

10e. Street end Nur A.A. CO. 1 ☐ Yes 2 ☐No BROOKLYN PK. 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 610 CHURCH ST. 21225 USA permit. Pages 1 and 2 should be filed within 72 hours after death a Department of Heelth and Meniel Hygiene. Important: if item 27 is marked other than "natural", or items 23s any injury or other traumatic event, the Medical Examiner mann 12. Was Decedant Evar in U,S. Agned Forces? 1 ∑ Yes 2 □ No If Yes, Give Yaar or Datas: KOREA Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxicen, Puerto Ricen, atc.) 14. Rece - American Indian, Bleck, Whita, etc. 1 Navar Married 2 Merrled Baltimore, Maryland 21215-0020 Specify: þ 3 ☐ Widowed 4 N Divorced WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) 8 YEARS College (1-4or 5+) STORE ROOM CLERK CHEM METALS 17. Fether's Name (First, Middla, Last) 18. Mother's Nema (First, Middla, Malden Sumeme) ALFRED S. KEENE KATHLEEN CONNELLEY 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiting Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) MR. SHAWN KEENE 8542 NEPTUNE DR. PASADENA, MD. 21122 20b. Placa of Disposition (Nema of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stete 1 ☐ Burial 2 ACremation 3 ☐ Removel from Stete GREEN MOUNT CEM. 7-11-96 BALTO. MD. 4 ☐ Donetion 5 ☐ Other (Specify) 22. Nema and Address of Fecility
KACZOROWSKI FUNERAL HOME
1201 DUNDALK AVE. BALTO. Signature of Funarai Service Licenses MD. 23a. Part1. Enter the diseesa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one ceuse of each line. Approximete Intervel Between Onsat end Deeth **Physician** Immediate Cause (Final disease or condition rasulting in death) /Medical Acute Cardiac Failure Unk Examiner Dua to (or as e consequence of):
Hypertensive Heart Disease Examiner certificate be executed physicien end s the burlai-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as e consequence of). Box 68760 Physician/Medical Due to (or es e consequanca of): nse i for Division of Vital Records, P.O. been signed by the should be deteched Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☑ Unknown by 24b. Were eutopsy findings aveilable prior to completion of causa of death? 24a. Was en eutopsy performed? Completed 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Attending Physician: 25. Wes case refarred to medical examiner? Be 28. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatlant 2 ☐ ER/Outpetlent 3 ☐ DOA Other: 4 ☐ Nursing Homa 5 ☒ Residenca 8 ☐ Othar (Specify) 2 1 XYas 2 No funeral 27. Manner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: After 1 (Natural 5 Pending Investigation deeth. To the Hospital or Attenditional within 24 hours after deeth.

To the Funeral Director: A completely filled in by the fu 1 Yes 2 No 2 Accidant 6 Could not be datermined 3 Suicida 28e. Plece of Injury - At home, farm, street, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stete) 4 Homicide 29e. Cartifier (Check only one) Medicai 1 Certifying Physician: To the best of my knowledga, daath occurred et tha tima, data end plece, end due to tha ceuse(s) end menner es steted. 2 XMedical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated. 29c. Licansa number 29b. Signature and title of certifiar 29d. Deta signed (Month, Day, Year) Deputy D06054 1996 July 08 30. Name and eddrass of person who comple(ed ceusa of daeth (Item 23e) (Type, Print)
William P. Jones, M.D. 695 America Court

Registrar

31. Date filed (Month, Day, Year) JUL 1 5 1996

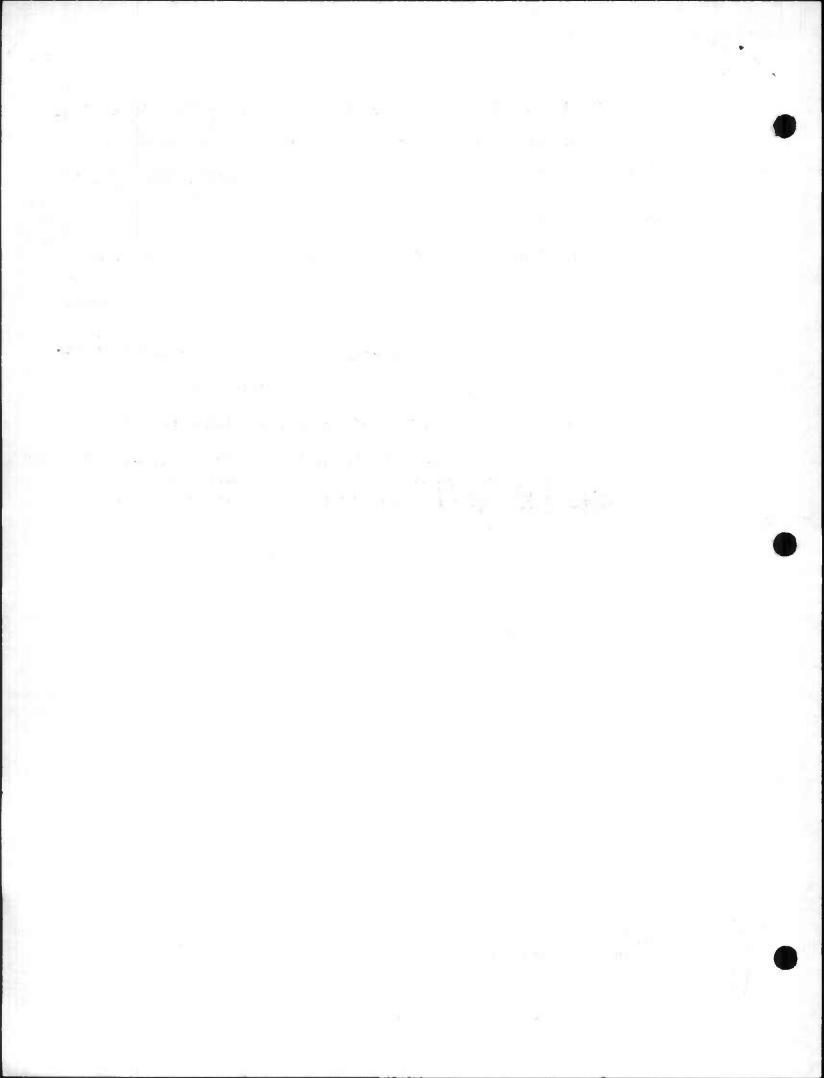


Davidsonville, MD 21035

20916

,			ITEM#16b film g73		g perFH	Certificate o	f Death	Re 2. Date of Death	g. No.		2 Time of Death
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	Funeral Director		215-12-9114 Usual Residence of Decedent	1⊠M 2□F		rs. Months Day		8. Data of Birth (Month, Day, May 26,	^{Year)} 1923	Mar	ace (Stata or Foreign try) yland
	ehow		10a. Stata 10b. County		10c. City, Town	or Location		7 7 1		10	Od. Inside City Limits
	the Marylar r 28e-f ehov	Director		/A			ltimore Ci				1⊠Yas 2□No
	s 23a or 3	erai Dir		Mainfield			21214		United	Stat	es
21215-0020	72 hours after deeth with the Maryland natural', or items 23s or 28s-f show filed Examites must be notified at	by Funeral	11. Marital Status 1 ☐ Nevar Married 2 ☐ Married 3 ☐ Widowed 4 ☑ Divorced	12. Was Decedent Armed Forcas? 1 Yas 2 X If Yes, Give Yaar or Datas:		13. Was Decedent of if Yes, specify Cu	f Hispanic Origin? (Spe uban, Mexican, Puarto o <i>Specify</i> :	ecify Yas or No- Rican, atc.)		e - America ck, Whita, s	
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P	be filed tal Hygid d other	Be	17. Father's Name (First, Middle, Las	•			18. Mother's Name			a)	
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, Maryland	2 8 5 8		19e. Informent's Name/Relationship Pamela K. Howel		er) 431	9 Mainfiel		ltimore,		State, Zip 6 21214	
Baltimore,	P P P P		20a. Method of Disposition 1 🔀 Burial 2 □ Cremation 3 4 □ Donation 5 □ Other (Special Content of the Conte			Disposition (Name of y, crematory or other p Baptist (Cemetery 7/		Baltim		wn, State Maryland
Balt	permit. Departm importa any inju		21. Signatura of Funeral Sarvice Lice	Milton J	Knight Jr		Le	onard J. Baltimor			
-			23a. Part1. Entar tha disease, or conshock, or heert feilure. List or	nolications that cause	the death. Do n		ying, such as cardiac of		•		
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Box	requires that the deeth certificate be execut been signed by the attending physician and should be deteched for use as the burial-tra	Physician/Medical Examiner	Part II. Other significant conditions		ut not resulting in	the underlying cause	given in Part I.	23b, Did tot	Dacco uss co	ntributs to	the cause of death?
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æ	ysician: The law is certificate has b director, page 2 s	E						1 ☐ Ya	s 2010	10	Yas 2□ No
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Division	or Attending Ph after death. In Director: After the d in by the funeral	Certification:	2 Accident invastigation 3 Suicide 6 Could not determined	be 28e. Place of inj	ury - At home, far c. (Specify)	m, street, factory, offic		28f. Location (Str. City or Town,		er or Rural	Route Number,
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,	-		20 Name and oddings	your	anth /la an		11001		7-13-	10	
_	N		30. Nama and address of person who	MArie	Ho	2 y , 21	9 Soc	oth W	JAS	hin	uston ?
	Sta Registr	660	31. Date filed (Month, Day, Year) JUL 151	996 32. Begistr	ar's Signature	Carllall					

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Deta of Death 3. Tima of Death **Physician** Month Joseph A. Krannebitter July 13 1996 2:05 AM /Medical 4a. Fecility Nama (If not institution, giva straet and number) 4b. City, Town, or Location of Daath 4c. County of Deeth Examiner 2020 Poplar Road Essex Baltimore Months Deys Hours Min. 8. Dete of Birth (Month, Day, Year)

March 1, 1934

9. Birthplaca (State (Month), Day, Year)

March 1, 1934 5. Social Sacurity Number 7. Age (In yrs. last birthday) **Funeral** 9. Birthplaca (State or Foraign 1**X**M 2□ F 215-30-9793 Yrs. 62 Director Usual Rasidanca of Dacedant the Maryland show 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or items 23s or 28s-f short the Medical Examiner must be notified at Baltimore Maryland Essex **Funeral Director** 1 Yes 2 No 10a. Street end Numbar 10f. Zip Coda 10g. Citizen of What Country? death with 2020 Poplar Road 21221 U.S.A. 12. Was Decedant Evar In U,S. Armad Forcas? Was Decedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 11. Maritai Status Race - American Indian, Black, Whita, atc. Armad Forcas? 1 🗚 as 2 ☐ No filed within 72 hours after 1 Navar Married 2 Married 21215-0020 If Yas, Giva Yaar or Datas:1957-94 1 ☐ Yes 2 No Spacify: Completed by 3 ☐ Widowed 4 ☐ Divorced Specify: White 15. Decedant's Education 16a. Dacedant's Usual Occupation Telephone Industry (Spacify only highast grada complated) (Give kind of work dona during most of working lifa. DO NOT usa ratired) I Hygiena. othar than " Elamantary/Secondary (0-12) Collaga (1-4or 5+) AT&T Sheet Metal Mechanic 12 othar 7 is marked other traumatic event, Baltimore, Maryland 17. Father's Nama (First, Middla, Last) 18. Mothar's Name (First, Middle, Maidan Surname) Be Pages 1 and 2 should be nent of Health end Mental Karl Krannebitter Gertrude Schadle 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) of Health of Item 27 li Frances C. Krannebitter (WIFE) 2020 Poplar Road Essex, Maryland 21221 20e. Mathod of Disposition 20b. Placa of Disposition (Nama of camatary, cramatory or other placa) 20c. Location - City or Town, Stata Data 1 Burial 2 Cramation 3 Removal from Stata 4 Donation 5 Othar (Specify) = 5 permit. Page Department of Important: If any injury or once. Holly Hill Mem. Gardens 7/16/1996 Baltimore Co. , Md. 21. Signature of Funeral Service Lice 22. Name and Addrass of Facility
Bruzdzinski Funeral Home P.A. 1407 Old Eastern Ave. Essex, Md. 21221 23a. Part f. Entar tha disaase, or complications thet causad the deeth. Do not entar tha mode of dying, such as cardiac or raspiratory arrast, shock, or haart failura. List only ona causa on aach lina. Approximata Intarvat Batwaan Onset and Death **Physiclan** /Medical Immadiata Causa (Final GASTRIC CANCER 17 Months disaasa or condition resulting in daath) Examiner Dua to (or as a consequanca of): LIVER METASTASIS 17 Months The law requires that the daath certificate be executed and bunial-trar Sequantially list conditions, if any, laeding to Immadiata causa. Entar Undarlying Cause (Disaasa or Injury thet initiated avants rasulting in daath) Lest Dua to (or as a consequence of): Box 68760, physician Physiclan/Medical the Dua to (or es e consaguence of): use as attanding p ed by the at datached for P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? been signed by should be datac 1 Yes 2 No 3 Probably 4 Unknown ASBESTOSIS, CHRONIC OBSTRUCTIVE PULMONARY DISEASE Division of Vital Records, þ Completed 24b. Wara autopsy findings 24e. Wes an autopsy HYPERTENSION available prior to complation of causa of daath? has page 2 1 ☐ Yas 2 No certificate 1 ☐ Yas 2 ☐ No Physician: director, Be 25. Was casa rafarrad to medical 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 X Residence 6 Othar (Specify) P 1 ☐ Yas 2 No this funeral 28e. Data of Injury (Month, Day Year) Certification: 27. Mannar of Death 28b. Tima of al or Attending P safter death.

I Director: After to in by the funers 28c. Injury at Work? 28d. Describe how injury occurred 5 Panding 1 X Natural 1 ☐ Yas 2 ☐ No invastigation 2 Accident 6 Could not be datarminad 3 Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At home, farm, straat, factory, offica building, atc. (Specify) 4 Homicida To the Hospital of within 24 hours af To the Funeral D completaly filled is 29a. Cartifiar (Check only one) 1 Certifying Phyaictan: To tha best of my knowladga, daath occurred at tha tima, data and placa, and dua to tha causa(s) and mannar as stated.

2 Madical Examinar: On tha basis of axamination and/or invastigation, in my opinion, daath occurred at tha time, data end placa, and due to the causa(s) and mannar stated. Medical 29b. Signatura and titla of certifiar 29d. Data signed (Month, Day, Year) 29c. Licensa number July 15, 1996 Н 35593 30. Nama and address of person who complate ausa of daath (Itam 23a) (Type, Print) TUA 1124 Mace Avenue DR. John J. Loh Essex , Marylrnd

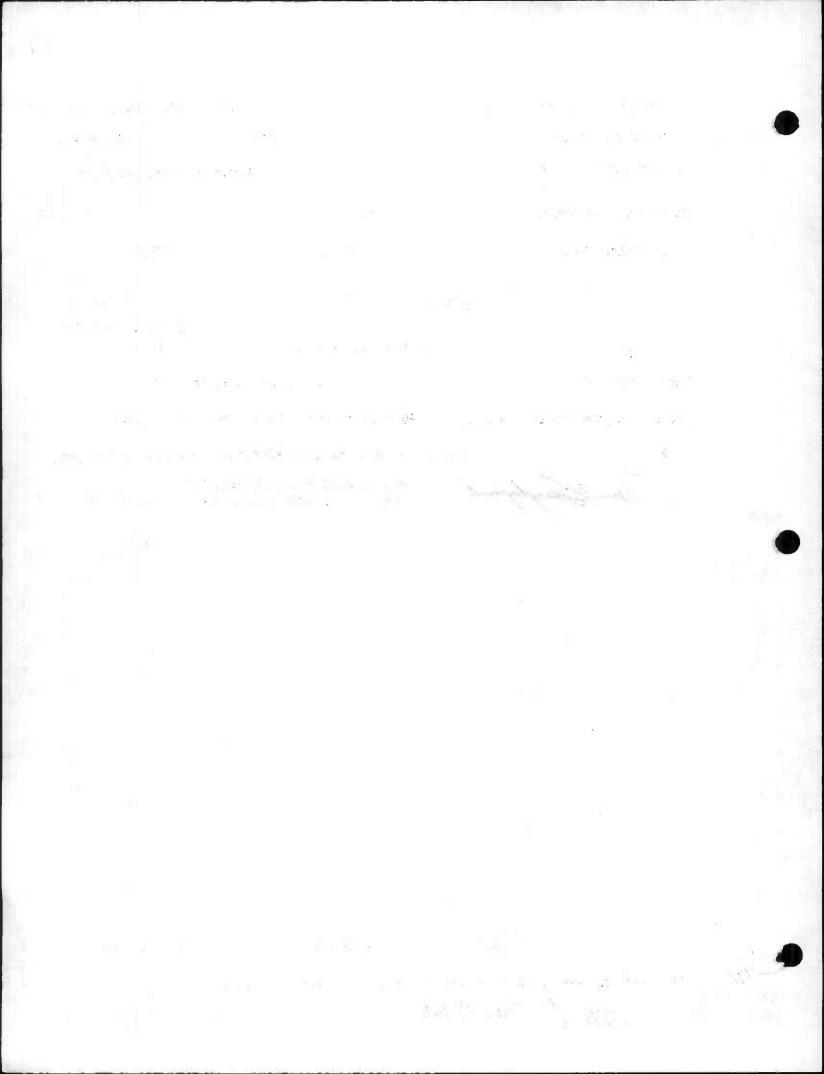
32. Ragistrac's Signature

DHMH 16 Rev 6/95

State Registrar

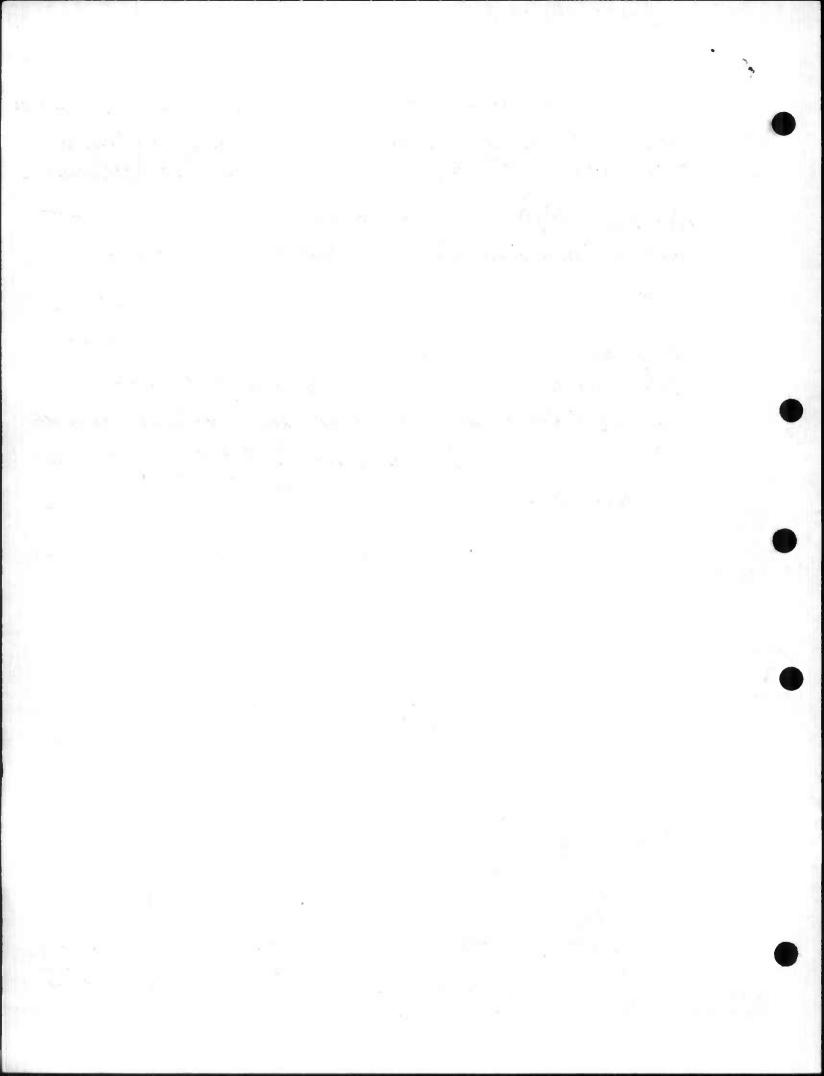
31. Data filad (Month, Day, Yaar)

5 1996



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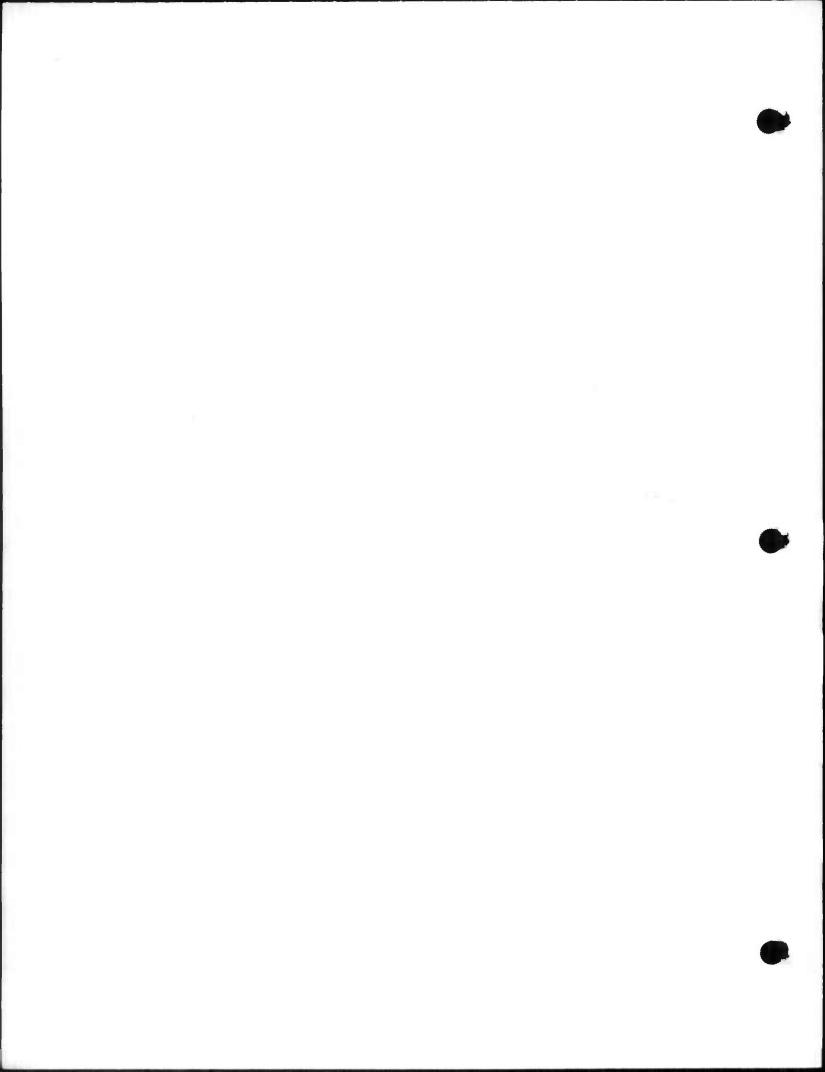
•				Cei	rtificate of	Death	R	eg. No.		
Physic	ian	Dacedant's Name (First, Middla, Last)		Ethel Ma	e Kane		2. Data of Dea Month	h Day	Year	3. Time of Death
/Med		CTG LMIE	RANG				July	07,10		4:41PM
Exami		4e. Fecility Nama (If not institution, giva stre		0 =		4b. City, Town, or Lo	ocation of Death	4c. County	-	
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Funeral Director		6/4-20 0104	2 Age (In y	7 Yrs.	If Undar 1 Year Months Deys		8. Deta of Birth Month, Day	2/19/8	9. Birthplace	e (State or Foraign
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with the Maryland a or 28a-f show be notified at	ctor	Mary kno	4	(1)	Finor	E			100	Inside City Limits
€ 83 €	Funeral Director	10e. Stradt and Number 4/15 Reland	View +	Tronce	10f. Zip Coda	1215	1	0g. Citizen of W	hat Country	?
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Maryland 22 should be file and Mantal Hy In marked other	ľ	19a. Informant's Name/Ralationship (Type,	Print)	19b. Mallir	/	t end Number or Rura	al Routa Nymber	City or Town,	Stata, Zip Co	oda)
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Page Page mt. If		1 ABurlat 2 ☐ Cramation 3 ☐ Rem- 4 ☐ Donation 5 ☐ Other (Specify)	ovel from Stata	184 /	MENNOT	of Park	7-13-96	KAND	pllsto	we feel
altim nit. Pa partmen certant: injury		21. Signature of Funaral Sarvice Licenses		22			DATM	12 - Ala	wis	
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		23a. Part I. Er te tha disaasa, or compliceti shock, or haert failure. List only ona c	ausa on aech line.	aatti. Do not ent	er the mode or dy	ing, such es cegalac (or raspiratory em	551,	In	tarvel Between
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ted nsit	Examiner	b. —			5				i	
and al-trar	хаг	Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Undarlying	Dua to	o (or as a consec	uance of):				1	
8760,		Cause. Enter UndarlyIng Causa (Disaase or Injury that initiated evants							i	
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the ab	ysi	Pert II. Other significant conditions contrib	•	•		ivan in Part I.	23b. Did to	bacco use con	tribute to th	ne cause of death?
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dS, P	by		-	-			-11===:		O.4h Mina	a Assertia dia s
of Vital Records, Physician: The law requires the this cardificate has been signed in director, page 2 should be	Completed	Congelino	Hyper To	Paile	+0		24a. Was a perfor	n autopsy ned?	evalla	autopsy findings able prior to eletion of cause
Rec e law has b	npi	0							of dea	ath?
The It	Co						1 □ Y	s 2 TNo	1 🗆 Y	ras 20No
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D PP PP PP PP PP PP PP PP PP PP PP PP PP		27. Menurer of Deeth 1 ☐ Naturel 5 ☐ Panding	28a. Date of Injury (Month, Day Year)	28b. Tima of	28c. Inju	ery at	28d. Dascribe h	w injury occurre	ed	
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Division or Attending after death. Director: After d in by the fune	tific	3 Sulcida 6 Could not be datarmined	28e. Place of Injury - Albuilding, atc. (Spe	t home, ferm, str	eat, factory, office		28f. Location (S) City or Town	reet and Number, Stata)	er or Rural R	loute Number,
Division of Vita within 24 hours after death. To the Funeral Director: After this cardifocompletaly filled in by the funeral director.	Certification:		g, ato, topo				.,			
ospi hou uner		29a. Certiflar 112 Certifying Physicis (Check only 2 Nedical Examiner:	n: To the best of my k	nowledga, daath	occurred at the t	lme, dete and piece,	end due to the c	ause(s) end mer	ner as state	ed.
No H	Medical	one) 2 wredical Examiner:	and mannar stated.	mation and/or in	rasugauon, in my	opinion, daeth occurr	eo et tria time, d	ata anu piace, a	IIU UUB IO IN	e ceuse(s)
Vith With Com	Σ	29b. Signeture and title of dertifier				se number		9d. Dete signed		
		124	X M10	•	1	44505		JULY	03	1991-
5		30. Nama and addrass of person who compl	lated ceusa of death (III	tam 23a) (Type	Print)			0		To the
		/AT	MATPI	7 7	_	4450 5 Warth	48001	Has	7. (auleo
St	ate	31. Date filed (Manth, Day, Year)	62 Registrer's Sig	natura		.4 0-0-0		V	'	



DIVISION OF VITAL RECORDS, P.O. BOX 68760 MALTIMORE, MARYLAND 21215-0020

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed without a mount and the second of the continued by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neitfied at once.
TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: Aft	be filed within 72 hours after death with	IMPORTANT: If Item 28 is marke

	1 - STATE OF MARYLAND	/ DEPARTMENT OF	HEALTH AND M	IENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Miciole, Last) ADELAIDE NMN LOOM	715		2. DATE OF DEATH MONTH DAY JULY 09	1996	TIME OF DEATH PM
		1 YRS. IF UNDER 1 YEAR MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) 3-10-05	8. BIRTHPL Country) MARY	ACE (State or Foreign
TOR	ST. AGNES HOSPITAL		N OR LOCATION OF DEA	TH 9	N/A	тн
	MARYLAND BALTIMORE	10c. CITY, TOWN OR LO BAL	CATION TIMORE		1	Dd. INSIDE CITY LIMITS7 Y TYES 2 THO
VERAL	6125 WHEATLAND ROAD		101. ZIP CODE 21228	19	USA	AT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES7 1 YES 2. IF YES, GIVE WAR OR DATES	ARMED 13. WAS I If yes,	DECENDENT OF HISPANIC apecity Cuben, Mexican, VES 2 NO Specify:		Black, V Specify:	American Indien, white, etc.
PLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	DECEDENT'S USUAL OCCUPY (Give kind of work done during life. Do NOT use retired.)	ATION most of working	166. KIND OF BUSINE	ESS/INDUSTRY	
	17. FATHER'S NAME (First, Mickelle, Leat) ELMORE T. SODEN	OTTETTAKEK	18. MOTHER'S NAM LETA DI	E (First, Middle, Meiden Sun		
TO B	190. INFORMANT'S NAME (Type/Print) MRS. DONNA WANCOWICZ	196. MAILING ADDRESS (Stre 6125 WHEAT	LAND RD.	BALTO. M	D. 2122	8
	1 Surfel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	CEAND DATE OF DISPOSITION CEMBRICO CONTROL CO		7 11	O. MD.	, State
	Marly R. Harsason	1201	DUNDALK	FÜNERAL HO AVENUE B	ALTO. M	D. 21222
NC	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions b.	na. SEOUENCE OF):	mode of dying, auch	aa cardiac or reapirate	ory arreat,	Approximata interval Batwaan Onset and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury					
MEDICAL				PERFORMEI 1 TYES 2 (%)	D? AM	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES 2 TO MO
YSICIA	HOSPITAL: 1 YES 2 NO Hopetient 2 ER/Outpetient	ACE OF OEATH (Check only of OTHER: 3 □ DOA 4 □ Nursing H	ome 5 🗆 Residence 8	Other (Specify)		
	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY M 1	WORK? YES 2 NO	26d. OEŞCRIBE HOW INJU		
	4 Homicide determined building, etc. (Specify)	home, farm, street, factory, of	ffice	281. LOCATION (Street end i City or Town, State)	Number or Rural Rout	e Number,
COMPL	(Check only CERTIFYING PHYSICIAN: To the best of my knowledge,					nd menner as stated.
TRESIDENCE OF DECEDENT 10s. STATE MARYLAND 10s. STREET AND NUMBER 6125 WHEATLAND ROAD 11s. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 15s. DECEDENT'S EDUCATION (Specify only highest profe completed) Elementary (Secology (C-12) 8 YEARS 17. FATHER'S NAME (First, Middle, Last) ELMORE T. SODEN 19s. INFORMANT'S NAME (Type-Print) MRS. DONNA WANCOWICZ 20s. METHOD-OF DISPOSITION 1 Burfel 2 Termenton 3 Removel from State 4 Donation 5 Other (Specify) 21 Stiphyarure Of Funeral Service Licensee 22. PART I. Enter the diseases, or complications that caused the dast abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) 23. PART I. Enter the diseases, or complications that caused the dast abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) 23. PART II. Enter the diseases, or complications that caused the dast abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) 25. Was Cast reference or injury that initiated events reaulting in death) LAST DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH 25. Was Cast reference or injury that initiated events reaulting in death) LAST DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH 26. CAUSE (Timelian to conditions contributing to death but not reaulting in death) LAST DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH 26. CAUSE (TIMEN) 27. MANNER'OF DEATH 28. PLACE OF INJURY At home building, etc. (Specify) 29. Accident Investigation Security of the best of my knowledge, death Check only 1 Certifier Check only 1 Certifier Check only 1 Certifier Check only 1 Certifier Check only 1 Certifier Check only 1 Certifier Check only 1 Certifier Check only 1 Certifier Check only 1 Certifier Check only 1 Certifier Check only 1 Certifier Check only 1 Certifier Check only 1 Certifier Check			PO GIL	ER 29	JULY C	onth, Day, Year) 09 1996
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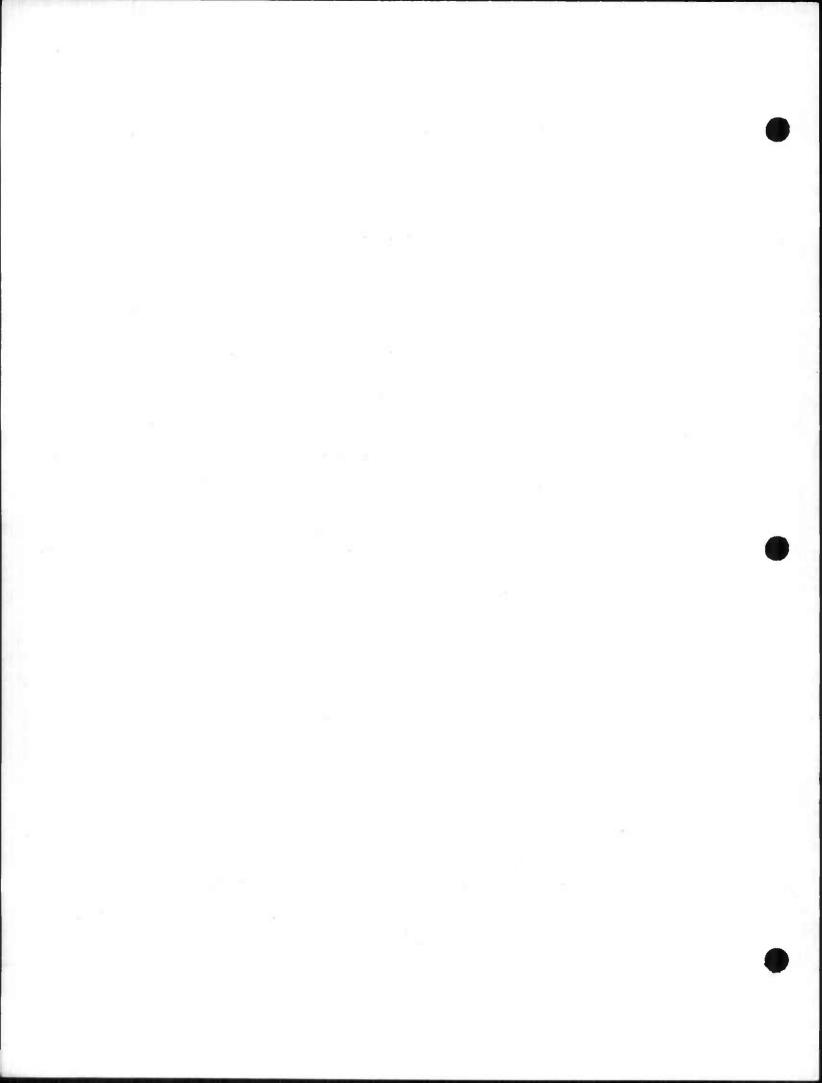
				C	ertificate of	Death	Rec	a. No.	
Dhuois	ion	Decedent's Name (First, Middle, Last)					2. Dete of Deeth		3. Time of Deeth
Physic /Medi		Charles Le Boutillie	er, Jr.				July 10,	1996 Yeer	2:19 A.M.
Exami		4e. Fecility Neme (If not institution, give street en	d number)	4		4b. City, Town, or L		4c. County of Deet	
		Sinai Hospital				Baltim			/A
Funeral Director		5. Social Security Number 6. Sex 1 1 1 M 2	7. Age (In yrs. 92		y) If Under 1 Year Months Deys		8. Dete of Birth July 19	9. Bird 2003 Mass	hplece (State or Foreign Sachusetts
anyland show	7.	Usuel Residence of Decedent 10a. State 10b. County		ty, Town or					10d. Inside City Limits
he M	Director	Maryland Baltimor	e Co.	Broo	klandvill	e			1 ☐ Yes 2 No
ath with t		10e. Street end Number 2711 Old Court Road			10f. Zip Code 2102	2		g. Citizen of Whet Co nited Stat	
21215-0020 d within 72 hours after death with the Maryland giene. In than "natural", or items 23a or 28s-f show than "natural" or items 23a or 28s-f show the Madical Examiner must be notified at	by Funerai	1 Never Married 2 Married 1 N	Decedent Ever in U d Forces? /es 20 No s, Give or Detes:	l,S. 13	3. Was Decedent of if Yes, specify Cul 1 ☐ Yes 2 ☐ No	Hispenic Origin? (Spen, Mexican, Puerto Specity:	ecify Yes or No- Rican, etc.)	14. Race - Ame Black, White Specify: W	
and 21215-00% be filed within 72 hours thal Hygiene. d other than "neture!", event, the Wed to EE.	Completed	15. Decedent's Education (Specify only highest grade comple	tod)	16e. Dec	cedent's Usuel Occu	petion during most of work ed)	ina 16	6b. Kind of Business/	Industry
within ene.	npie		ge (1-4or 5+)						
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be fill He doth	Be	17. Fether's Neme (First, Middle, Last)					e (First, Middle, Ma		
laryland 2 2 should be filed and Mental Hygi s marked other sumatic event,	To	Charles Boutilier				Katheri	ne Tompki	Lns	
Magaritha and 2 to 15 to		19e. Informent's Neme/Retationship (Type, Print) Katherine O'Neill (Da						City or Town, State, 200, N.J. 0	
0 8 5 5 5		20a, Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel f 4 ☐ Donetion 5 ☐ Other (Specify)	rom State		position (Name of remetory or other plants Service C			oc. Location - City or Towson, Ma	2000
Baltimoperation Page Department Important: Famoriant: F		21. Signeture of Funeral Service Licensee	frey L. (ess of Fecility Son Funer			
m aseas		gethur J. Jair	rrey n.	Jall				ryland 21	204
		23a. Pert1. Enter the disease, or collections to shock, or heart failure. List only one ceuse	nat caused the deet	h. Do not e					Approximete
Physician /Medical Examiner			lwch						Intervel Between Onset and Deeth
Box 68760, substitution of the substitution of the substitution of the substitution and for use as the burial-frantair	n/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lesf	Tulti o Tulti	rea	equence of):	es (LESPOVED BY	MEDICAL EXAMINER	(~)
death or e attend ed for us	icia	Part II Other elanificant conditions contribution	to doub but not soo	ultima in the		una la Bond I	non Didank		4-4-4-0
of by the detach	y Physician/	Pert II. Other eignificant conditions contributing	to death but not res	uiting in the	underlying ceuse gr	ven in Pert I.		2 No 3 Pr	to the cause of death?
Hecords, he law requires t e has been signe age 2 should be	Completed by						24e. Wes en performe	d?	Were eutopsy findings syelleble prior to completion of cause of deeth?
tal Ke	Com						1 □ Yes	V	I □ Yes 20 No
VITAI sician: T cartificat rector, pr	88	25. Wes case referred to medical examiner?					h (Check only one)		
Physic of raiding	2	12 Yes 2 No		ER/Outpati	ent 3LI DOA		me 5 Residen	ce 6 □Other (Spec	ify)
Sing P	on:	27. Menner of Deeth 28e. D 1 □ Neturel 5 □ Pending □	ete of Injury Month, Dey Year)	28b. Time Injury	of 28c Inju Wo	ry et	28d. Describe how	injury occurred	uliject
DIVISION f or Attending shar death. Director: After din by the fund	Certification:	25 Accident Investigation	7196	1234	PMM 1	Yes 2 No	Struck	cby veh	ich.
or Att	ŧ	determined 286. P	lece of Injury - At he uilding, etc. (Specif	ome, ferm, s	treet, factory, office	/	28f. Location (Stre City or Town,	et and Number or Ru State)	ral Route Number,
그 학생들이	Ö		von		2		and Crosty	wood Bal	time but
200	edical	29a. Certifier Check only 2 Medical Examiner: On the	the best of my kno	wledge, dee	th occurred at the ti	me, dete end plece,	end due to the ceu	se(s) end menner es	stoted they land
2522	-		nenner steted.	ion endor	iivestigation, iii my t	opinion, deem occur	ed er the time, dett	end piece, end due	to the cause(s)
N TES	2	29b. Signature and tollar of confiller B.	was !	7. 0.	AS2		DBS 1971	Dete signed (Month	1. Dey, Year)
10		30. Name and eddress of person who completed o	ause of deeth (Item	23e) (Type	p, Print)	, 0	TO		11.16
[V		Ph. 1 - P 5 - 5	FORM.	10-	, X4C	1 13	elvea	erel	+0-6
Sta	te	31. Dête filed (Month, Deyll Year)	2. Registrer's Signe						

DHMH 16 Rev 6/95

to a spring hor are to ACCURATE TO LOS AND RESTOR OF A TRANSPORT TO A SECOND STREET, AND ASSESSMENT OF A SECO

TOTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. OTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filled with the State Degle of Health and Mental Hyppien prior to burial, permit or the permitting of the permitten of the permitten or other frammals was the mandical examinate must be antified at another transmalls was the mandical examinate must be antified at another transmalls.	Halkey, of Refer 25 shows any injury, of other transfer event, the medical evaluation
THE HOSP TO THE FUNEI De filed within	MILLIAMI

	1 - STATE OF MARYLAND REGISTRAR	/ DEPARTME			MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN		3. TIME OF DEATN
	MARY BERNADETTE LAVIN	V			JULU II	19916	310 A
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. la	st birthday) IF UI	IDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign ntry)
	215-30-6046 1 M 2 X F 63 9a. FACILITY NAME (If not institution, give street and number)	YRS.		R LOCATION OF DE	February 12.	1933 Ma:	
DIRECTOR	Stella Maris Hospice		wson			Baltim	
EC	10a. STATE 10b. COUNTY	10c, CITY, TOV	VN OR LOCAT	ON			10d. INSIDE CITY
	Maryland N/A	Balti	more				LIMITS? 1 X YES 2 NO
FUNERAL	1700 Maria Dan Annual A			ZIP CODE		- 10	WHAT COUNTRY?
N N	1700 Meridene Drive Apt. 416 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A.	PMED T		1239	IIC ORIGIN? (Specify Yes		States
B	1 Mover Married 2 Married 3 Wildowed 4 Divorced			cify Cuban, Maxicar	n, Puerto Rican, etc.)	Bio	CE — American Indian, lock, Whita, atc. actly: White
COMPLETED	(Specify only highest grade completed) ((ECEDENT'S USUA Give kind of work de	one durina mos	N t of working	16b. KIND OF BU	SINESS/INDUSTRY	-1/-
	Elementary/Secondary (0-12) College (1-4 or 5+)	e. Do NOT use retire acher	ed.)	7	P.J t.	•	
M	17. FATHER'S NAME (First, Middle, Last)	acher		18 MOTHED'S NAI	Educat:		
Ö	John Lavin		10.7	Elizabe		Barbo	rkv
TO BE				nd Number or Rural F	noute Number, City or Tow	n, State, Zip Code)	
F	Bill Thompson	9733 Ma	gledt	Road Ba	ltimore, M		
	1 X Burial 2 Cremation 3 Ramoval from Stata cemetery, cr	AND DATE OF DIS	ace)			CATION — City or	
	21. SIGNATURE OF INERAL SERVICE LICENSEE	Redeeme		D ADDRESS OF FAC		Ltimore,	Maryland
	> teven 1. Fetts		Mitche	ell-Wiede	efeld Home	, Inc.	1 1 01010
	23. PART i. Enter the diseesea, or complications that ceused the d	leath. Do not er					vland 21212
	ahock, or heart fellura. Liat only one ceuee on sech lin IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSE	CAN	JEEJ	2		- 0	interval Between onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST						
	PART II. Other algnificent conditions contributing to death but not	goodsing to the		and along to	Post I as years	Lumanu I.	
ICAL	PAN II. Other agrilled conditions contributing to death but not	resulting in the	underlying	cause given in	Part i. 24s. WAS AN PERFOI	RMED?	4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC						72,00	DF DEATH? 1 YES 2 NO
ž	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DE	ATH YES [ON [UNCERTAIN	V 🗆		
CIA	EXAMINER? HOSPITAL:	OTI	HER:		**		
ΗXS	1 YES NO 1 Inpetiant 2 ER/Outpetiant 2. AND 25. DATE OF INJURY	3 DOA 4 D	Nursing Nome	7	Other (Specify) H		
	Netural 5 Pending (Month, Day, Year)	INJURY	WO 1 Y	RK?	200. DESCRIBE NOW	INJUNI COUNTED	
COMPLETED BY	2' Accident investigation 3 Suicida 6 Could not be 4 Homicide detarmined 28s. PLACE OF INJURY — At h building, atc. (Specify)	nome, larm, atreet,	factory, office		261. LOCATION (Street City or Town, State)		el Route Number,
PLE	29a. CERTIFIER (Check only	faath occurred at t	he tima, data	and place, and dua	to the cause(a) and ma	nner as stated.	
NO.	one) 2 MEDICAL EXAMINER: On the basis of examination and/or	r investigation, in	my opinion, de	eath occured at the	tima, data and placa, ar	nd dua lo the caus	e(a) and manner as stated.
TO BE C	296 SIGNATURE AND TITLE OF CERTIFIER CFaulku	ews		29c. LICENSE NUM	64-3	29d. DATE SIGN	ED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (IT					, ,	
	DR. KENDALL FAULKNER 2300 31. DATE FILED (Month, Day, Year) 32. REGIOTHANS STOPPON	DULANE	Y VA	LLEY RD	., TOWSO	N, MD	21204
	JUL 1 5 1996	123					



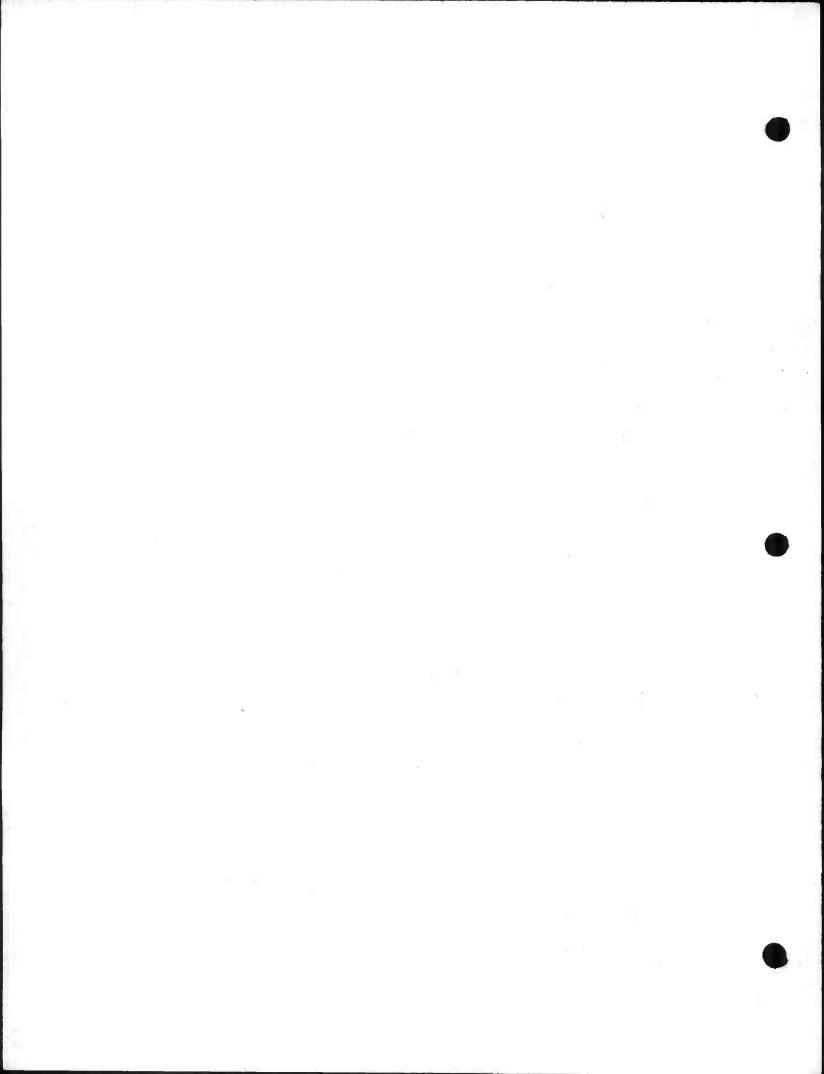
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BALTIMOBE MARYLAND 21215-0020	s that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	ned by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-ti- ath and Mental Hydlene prior to burial, cremation, or removal,
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DADS PO BOX 68760	- tie	ned by the attending physician and completely filled in by the fur lith and Mental Hygiene prior to burial, cremation, or removal.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

al-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE OF MARYLAND / CI	DEPARTM			MENTAL HYGIEN	E			
	1. DECEOENT'S NAME (First, Middle, Last)				2. DATE OF DEATH DO	199	EAR	TIME OF DEATH	1 1
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. Ins.	st birthday) IF U	INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLA	CE (State or For	eign
	216-24-8527 □Σ№2□ 66	YRS. MON	THS DAYS	HOURS MIN.	(Month, Day, Year) MAV 8, 1		Country)	7	
1	9a. FACILITY NAME (If not institution, give street and number)		CITY, TOWN O	R LOCATION OF DE		9c. COUNTY			\neg
DIMECTOR	St. Agnes Hospital		Ва	altimor	е		n,	/a	-
	10a. STATE 8 10b. COUNTY		WN OR LOCATI				10d	I. INSIDE CITY LIMITS?	
	MD n/a	Bal1	timore	3			дK	YES 2	NO
3	10e. STREET AND NUMBER		101.	ZIP CODE		10g. CITIZE	OF WHAT	COUNTRY?	
FUNERAL	1631 Montpelier St.				218		US		
פון דט	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 Miles 2 I IF YES, GIVE WAR OR DATES		If yes, spe		IIC ORIGIN? (Specify Ver n, Puarto Rican, atc.)	or No — 14	Black, WI	American India hita, atc. Black	n,
3	15. OECEDENT'S EDUCATION 16a. DE	ECEDENT'S USU	AL OCCUPATIO	N	186. KIND OF BU	SINESS/INDUS	TRY		
	(Specify only highest grade completed) (GElementary/Secondary (0-12) College (1-4 or 5+)	Give kind of work of Do NOT use reti	done during mos ired.}	t of working					
COMPLE		Truck	Drive	er	Truc	king			
5	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NA	ME (First, Middle, Malden	Surname)			
DE	Melvin Lambert			Glady	s Tuck				
2					Route Number, City or Tow				
-		1631 N	Montpe	elier S	t. BAlto	., MD	2]	1218	
		AND DATE OF DI		me of		CATION CIT			
	4 Donation 5 Other (Specify) Garr	ison I		D ADDRESS OF FA	17/16 OW	ings	Mill	Ls, MI	2
- 1	A PUNERAL SERVICE LICENSEE		James	S A. MO	rton & S	ons F	unei	cal Ho	ome
	Jemes G. Morton	J	1701	LAuren	s St. BA	Ito.,	MD	21217	7
	23. PART i. Her the diseases, or complications that caused the disease, or heart fellure. List only one cause on each line IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	e.				iratory arrea	t,	Approximatinterval Be Onset and	tween
	DUE TO (OR AS A CONSE	EOUENCE OF):						/-	
2	CORONA	RY	ARTE	ERY (SISTASI	=		57	rs
	Sequentielly list conditions, if any, leading to immediate		- 00	~ ~ ~					
HILICATION	CAUSE (Disease or Injury		EILL	75				10 4	n
	that Initieted events resulting in deeth) LAST								
	d								
A P	PART II. Other significent conditions contributing to death but not			ceuse given in	Pert I. 24s. WAS AN PERFOI		AWI	RE AUTOPSY FI	то
3	CHRONIC RENAL FA				1 TYES :	NO		MPLETION OF C DEATH?	AUSE
ME	STABETES HELLIT						1 [YES 2	10
ž	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEA			UNCERTAI	ND				
3	EXAMINER? / HOSPITAL:		THER:						
2	1 U YES 2 NO 1, Inpettent 2 ER/Outpetlant :				6 Other (Specify)	N NEW OCCU	DEO		
BY PHYSICIAN: MEDIC	1. Natural 5 Pending (Month, Day, Year)	28b. TIME OF	26c. INJ WO M 1 1	RK?	26d. DESCRIBE HOW	INJURY OCCU	HED		
	2 Accident Investigation 3 Suicide 8 Could not be building atc. (Specific)	ome, tarm, atree	t, factory, office	1	281. LOCATION (Street		Rural Route	Number,	
	4 Homicide datarmined building, atc. (Specify)				City or Town, State	,			
4	29s. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, d	leath occurred at	t the Ilme, data	and place, and due	to the cause(s) and ma	nner as stated			
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or			·				d manner as st	teted.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE S	IGNED (Ma	onth, Day, Year)	
2	Whis MD				7886		14		796
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT)	EM 27) (Type, Prin	nt)	, -	.000		J	- / /	, , 0
	RUS VIOLETA :	ST	AGN	ES +	(OSP.				
	31. DATE FILED (Month, Day, Year)			·					
	JUL 1 5 1996								
								DHMH-1	Rev 1/89



Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be

Funeral Director

ortant: If item 27 is marked other than "natural", or items 23a or 28a-f show injury or other traumatic event, the Medical Examinar invat be notified at

permit. Pages 1 and 2 should be filed within 72 hours eftar death to Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or harmon any injury or other trainment.

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box-66760

The lew requires that the death certificate be

To the Hospital or Attanding Physician: within 24 hours after death.

To the Funeral Director: After this certifica

within 24 hours after des To the Funeral Director completaly filled in by the

care nes been signed by the pege 2 should be detached

Completed by

Be

Medical Certification: To

with the Maryland

Please Type or Print in E State of Marvian		k. Assure All Copie Health and Mental H		00000
	Certificate of		Reg. No.	20720
1. Decedent's Nema (First, Middle, Last) LEMAR Dondre Mattheo		2. Data of D Month JULY	Daath Day Ye	
4e. Fecility Nama (If not institution, giva street and number)		4b. City, Town, or Location of Dec	-	
JOHNS HOPKINS HOSPITAL 5. Social Security Number 6. Sex 7. Aga (In yrs.	Months Day		Birth 9.	Birthplaca (Stata or Foreign Country)
2/2-48-6637 10-47 20 F	Yrs. Months Day	s nouts min.	5 79	me !
	Ballim	ore		10d. Insida City Limits 1 ☐ Yes 2 ☐ No
10e. Street and Number 403 $6/8$ $0 < 7$ $0 < 7$	10f. Zip Coda 2 / 2		10g. Citizan of What	t Country?
11. Marital Stetus 1 Nevar Married 2 Married 1 Nevar Married 2 Married 1 Yes 2 No If Yes, Giva Yaar or Datas:	.S. 13. Was Decedant of If Yas, specify Cu	f Hispanic Origin? (Specify Yes or Nuban, Maxican, Puarto Ricen, etc.) Spacify:	Black, V Specify:	Amarican Indien, White, etc. Black
15. Decedent's Education (Specify only highast grade completed)	16a. Dacedant's Usual Occ (Give kind of work don lifa. DO NOT usa ratir	na during most of working	16b. Kind of Busine	ess/Industry
Elementery/Secondary (0-12) Collaga (1-4or 5+)	unemplo	· I	NA	
17. Fethar's Nama (First, Middla, Last) E olwin D. 1819 + the	.ws	18. Mother's Name (First, Middle) 04 ce A.	ia, Maiden Surname)	eet
19a. Informant's Name/Ralationship (Type, Print) anissa Mathuws	(m+.) 4	et and Number or Rural Route Num 3 G/OVEY	SAV FET	Ba Himul & My
20a. Mathod of Disposition 1 Buriel 2 Cramation 3 Ramovel from Stata 4 Donation 5 Othar (Specify)	Place of Disposition (Nama of tematary, cramatory or other place) N + Z ON	Cemetery 7/13/96	20c. Location - City	
21. Signeture of Funaral Sarvice Licensea	22. Nama and Add	N. Broadway	Ba Himsi	
23a Part1. Enter the dispase, or complications that caused the death shock, or heart feilura. List only one cause on each line.	n. Do not antar the mode of dy	ying, such es cardiac or raspiratory	errast,	Approximete Interval Between Onset and Death
radding in addition	LE GUNSHOT W	OUNDS		
Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Causa (Disaasa or injury	or as a consequance of):			
	r es e consequence of):			

Physician /Medical Examiner

> Examiner Sequentially list condition if any, leading to immac cause. Enter Undarlyin Causa (Disaasa or Injur that Initiated evants rasulting in death) Last and attending physican for use es the buria Physician/Medical

25. Was case rafarrad to medical examiner?

1 Yas 2 No

27. Mannar of Death

1 Natural

2 Accident

3 Suicida

4 Homleida

Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes X☐ No 3 ☐ Probably 4 ☐ Unknown

1 ☐ Inpatiant 2 N ER/Outpatient 3 ☐ DOA

Place of Injury - At homa, farm, street, factory, office building, etc. (Specify)

28b. Tima of

5:29

24b. Wara autopsy findings eveilabla prior to completion of cause 24a. Was en eutopsy performed? of death?

1X Yas 2□No

1 No Yas 2 No

26. Place of Deeth (Check only one) Othar: 4☐ Nursing Homa 5☐ Rasidance 6☐ Other (Specify)

28d. Dascribe how injury occurred

subject shot
Location (Street and Number or Rural Routa Number,
City or Town, Stata) 2700 blk.ashland

SCIECL
BALTIMORE, MD.

1 Certifying Physician: To the best of my knowledga, daath occurred at the tima, date and place, and due to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the tima, date and place, and due to the cause(s) and manner stated. 29a. Cartifier

28e. Data of Injury (Month, Day Year)

07/09/96

29b. Signature and title of cartifian

29c. License number O.C.M.E.

28c. Injury et Work?

1 ☐ Yas 2 No

29d. Date signed (Month, Day, Year) JULY 08,1996

30. Name end eddrass of person who completed causa of dath (Itam 23a) (Type, Print)

31. Data filed (Month, Day, Year)

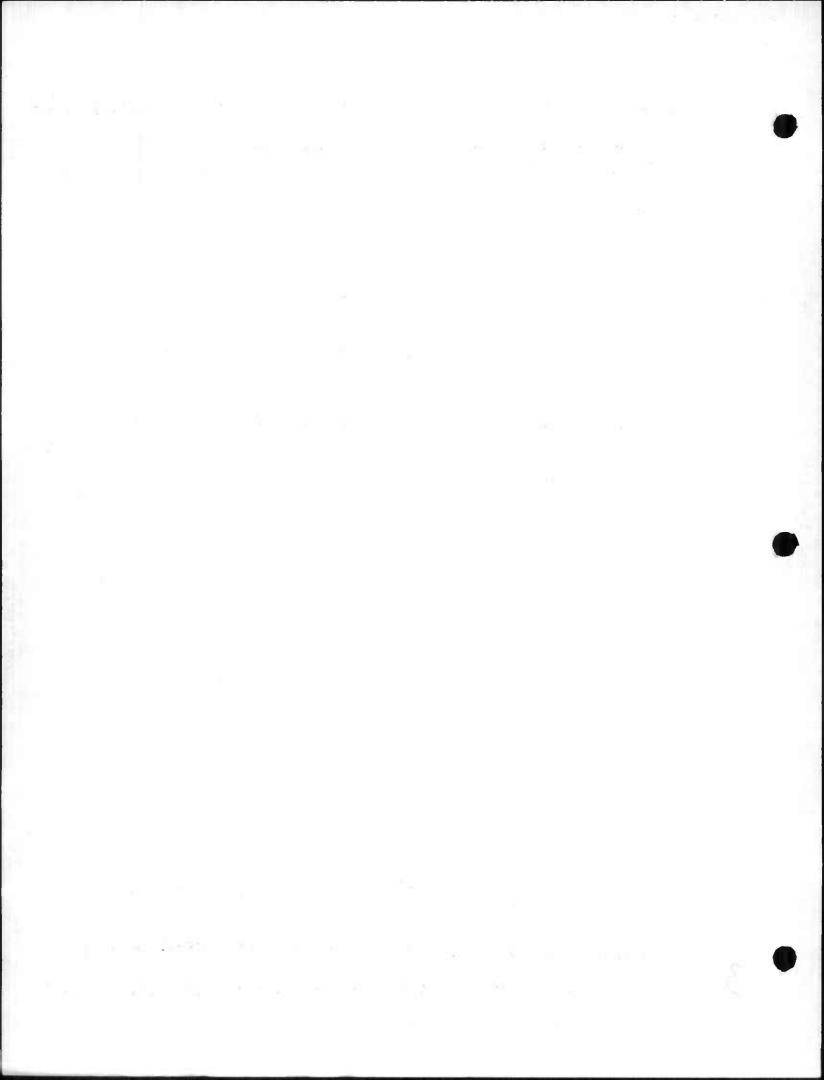
5 Pending invastigation

6 Could not be determined

Penn Street, Baltimore, Maryland 21201

State Registrar

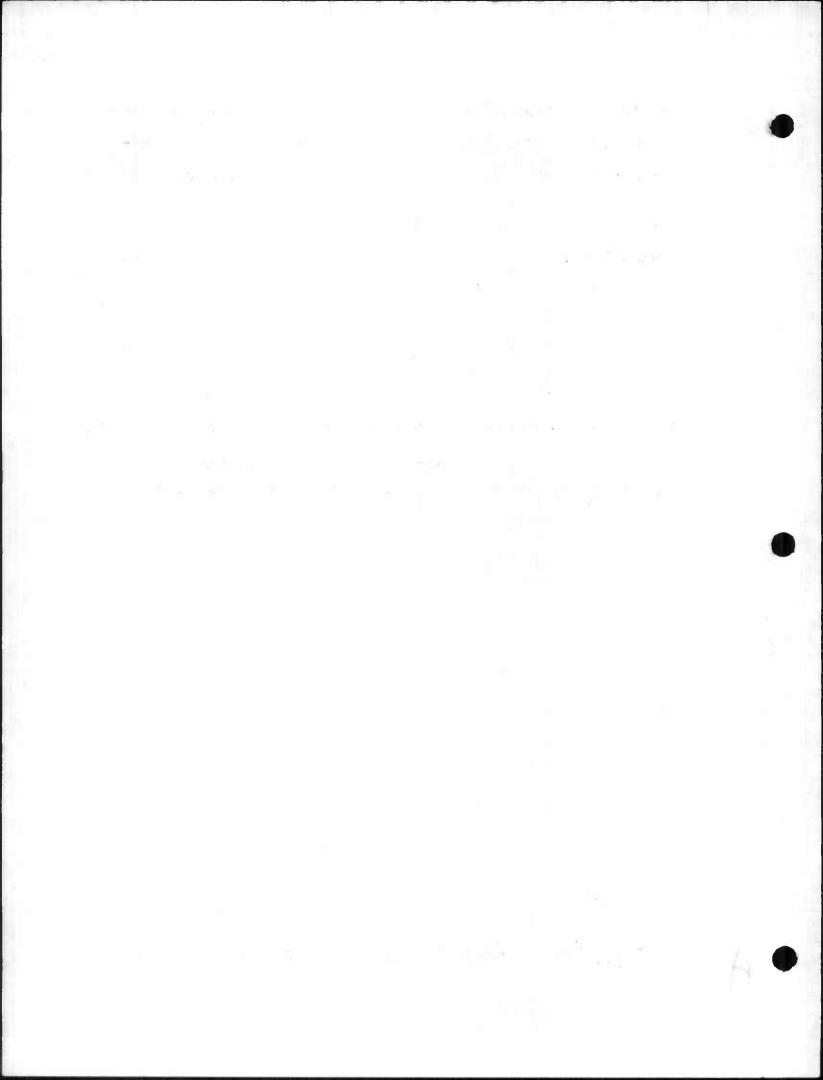




Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

20924

						Cei	rtificate o	f Death	ר		Reg. No.		
Ш.,		1. Decedant's Neme (First, Mid	dla, Last)							2. Data of Da	aath	7400	3. Time of Death
Physic		William	m	asor	\cap					Month	Dey 12	1996	04500
/Med Exam		4e. Facility Nama (If not Instituti						4b. City, T	own, or L	ocation of Deal		ty of Death	o 10 pm
. Exam.		University	Hospit	a1				Ba	ltimo	re	N	one	
Funera		5. Social Sacurity Number	6. Sex		Aga (In yrs. las	t birthday)	If Under 1 Ye	ar If Unda	r 24 Hrs.	Doto of Bi	eth.		laca (State or Foreign
Directo	_	085-14-0469 Usual Rasidance of Decedent	1⊠ M	2□ F	73	Yrs.	Months Day	ys Hours	Min.	10-26	ay, Year) -22	New 3	elaca (Stata or Foreign etry) Zork
yland		10a. Steta 10b. Count	У		10c. City,	Town or Lo	cation					1	0d. Inside City Limits
Mar H	to	Md.	None		Ва	1time	re						1⊠ Yes 2 □ No
r 28	Director	10e. Street and Number					10f. Zip Code	9			10g. Citizen o	f Whet Coun	ntry?
h wit		1136 Stockton	St.				2121	.7				USA	
deat	Funeral	11. Marital Stetus			nt Evar in U,S.	13.	Was Decedent of If Yes, specify C	f Hispanic O	rigin? (Sp	ecify Yes or No	0- 14. R	ace - Americ	
AING KIKIDS-UUKU be filed within 72 hours after death with the Maryland tal Hygiene. d other than "natural", or items 23a or 28e-f show avent, the Modical Exertiner must be notified at	b	1 ☐ Nevar Married 2 1 Ma 3 ☐ Widowed 4 ☐ Divorce	rried	Armed Force 1 ☐ Yas 2 If Yas, Giva Yaer or Deta	Ď No		1 ☐ Yes 2 ☐ N			rican, atc.)	Spec	eck, Whita,	
72 h	te	15. Decede (Specify only high	nt's Education	on moleted)		16a. Dece	dant's Usual Occ	cupation	et of work	rina	16b. Kind of	Businass/Ind	dustry
La e da	Completed	Elamantary/Secondary (0-12)	- Ť	Collage (1-4	or 5+)		kind of work do DO NOT usa ret		0	ur.g			
filed within Hygiena. other than	S	11				Truc	k Driv	er			Easton	Freig	ght
の間に	Be	17. Fethar's Nama (First, Middle	, Last)					18. Moth	har's Nam	a (First, Middle	, Meiden Sum	ima)	
should be and Mantal a	2	U	nknow	ı						Unknov	wn		<u></u>
Marylar d 2 should be th and Manta 7 is marked of traumatic av		19a. Informant's Neme/Raletion	ship (Type,	Print)		19b. Mellin	ng Address (Stre	et and Numi	ber or Rui	ral Route Numb	per, City or Tow	n, Stata, Zip	Coda)
1 and 1 Haalth em 27 I		William Mason	Jr. /	Son		3701	Twin La	ke Ct.	. Apt	. 202	Balto.,	Md. 2	21244
ges 1 and to of Heal		20e. Mathod of Disposition 1 ☐ Buriel 2 ☼ Cramation	۰. 🗆 ۵		0.00	e of Dispo	sition (Nema of netory or other p		1	Deta	20c. Location		
Pag ment mrt: H		4 Donation 5 Other		over from Ste	Met	ro			2	7-16-96	Balti	more,	Maryland
Deficitions, Maryland 2.12.15-0020 pemit. Pages 1 and 2 should be filed within 72 hours af Department of Health and Mantal Hygiena. Important: if fem 27 is marked other than "naturel", or any injury or other traumatic avent, the Medical Example once.		21. Signeture on Funaral Service	PUcenses)		Th	Name end Add ne Derri	.ck C.	Jone		ral Hom	e	
_		23a. Part1. Enter the disease,	romplication	one that caus	sed the death	- 46	11 Park	Heigh	nts A	lve.	erroet		Approximata
		shock, or heart failure. Lis	t only one co	euse on aacl	h lina.	po not am	ai tila illoda di c	zynig, sucii e	3 cardiac	or respiratory e	illest,	1	Interval Batween Onsat and Deeth
Physician /Medical		Immediata Cause (Finel		~								1	
Examiner	н	disaasa or condition resulting in deeth)	e	Bro	un n	neta	ustrus	is				1	6 days
	7	1000			Dua to (or e	2	1						0
led	Examiner		b	non	smal			na	can	Cer			months
and i-trar	xar	Sequentielly list conditions, if eny, laading to immadiata causa. Enter Undartying Causa (Disaase or Injury			Dua to (or e	s e conseq	uence of):	J					
iclan		causa. Enter Undarlying Causa (Disaase or Injury	C										
rifficies be executed $\frac{1}{2},\frac{1}{2}$ ng physician and a as the burial-transit	Medical	thet initiated events rasulting in deeth) Last	1		Due to (or e	s e conseq	uence of):					1	
			d										
eath ce attendii for usa	ian												
hat the death d by the atter latached for u	Physician/	Part II. Other eignificant condit	iona contribu	uting to death	h but not rasuiti	ng in the u	ndarlying causa	given in Parl	t I.	23b. Did	tobacco uea c	ontribute to	the cause of death?
that the post of datac	P									10	Yes 2 No	3 Prot	bably 4 Unknown
Physician: The law requires that the death or this certificate has been signed by the attend rail director, page 2 should be datached for us.	1 by									-4.534411	on care	0.4h 144	
law requires as been sign	Completed										an autopsy ormed?	ave	are autopsy findings allable prior to mpletion of ceuse
has b	idu												death?
Tha ate h page	Co									10	Yes 21 No	10	Yas 2□ No
ysician: Tha is s certificate ha director, paga	Be	25. Was casa rafarred to medic axaminar?	ai					28. Pie	ca of Deat	th (Check only	ona)		
Physician: this certific ral director,	10	1 Yes 2₽No	Hosp	ital: 1 1 Impa	atient 2 EF	VOutpetier	t 3 DOA	Other: 4 1	lursing Ho	oma 5 Ras	idance 6 🗆 O	ther (Specifi	y)
ter th		27. Mannar of Death 1 ☑ Naturei 5 ☐ Pend		Ba. Data of I	njury 28 Day Year)	Bb. Tima of	28c. in	jury at Vork?		28d. Dascribe	how injury occ	urred	
i or Attending aftar death. Director: After	atic	2 Accident invas	tigation	(with the state of	,,	,,		☐ Yes 2☐	□No				
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DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Film G737 item 19a per FH 7-18-96 r.ia 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** 9:16pm. Clivia Kensler McFadden 10 1994 /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 626 Wicklow Rd Baltimore n/a If Under 1 Year if Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number Birthplaca (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** 1□M 20¥ 212-34-918 60 Yrs. **Director** 1936 MD MArch Usual Residence of Decedent Marylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits ma 23a or 28a-f show MD 1. Xes 2 No Director n/a Baltimore death with the 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21229 626 Wicklow Rd. USA itema 23a Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, permit. Pages 1 and 2 should be filed within 72 hours efter to Department of Health end Mental Hygiena. Important: If Item 27 is merked other than "natural; or ther any Injury or other traumatic event, the Medical Exempt the Medical Examiner Biack, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: by Black 3 Widowed 4 Divorced Completed 15. Decedent's Education 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Food Service Balto. City Schools 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Jessie Kensler Charlotte Jones 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Janine Holmes/daughter 21229 626 Wicklow Rd. Balto., MD 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4R butus Mem. rakk 4 ☐ Donation 5 ☐ Other (Specify) 21. Significan of Funeral Service Licensee 22. Name and Address of Facility James A. Morton & Sons Funeral Home 1701 LAurens St. BAlto., MD 21217 23a. Part 1. Sher the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** BREAST CANCER /Medical Immediate Cause (Final disease or condition resulting in death) **Examiner** Due to (or as a consequence of) Examiner physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Box 68760 thet the death certificete be Physician/Medical Due to (or as a consequenca of): as Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? the signed by it 1 Yes 2 No 3 Probably 4 Denknown ģ 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of ceuse of death? Completed peed 1 Yes 2 No 1 Yes 20 No certificate he Hospital or Attending Physician: in 24 hours effer death. he Funeral Director: Affer this certifics pletaly filled in by the funeral director. 25. Was case referred to medicel examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Pesidence 6 Other (Specify) 1 Yes 2 No 10 28a. Date of Injury (Month, Day Year) 27. Manney of Death 28b. Time of Injury 28d. Describe how Injury occurred Medicai Certification: 28c. Injury at Work? 1 Naturai 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Place of injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier Scartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) 30. Name and address of person who mpleted ceuse of death (Item 23a) (Type, Print) 27 AMBASSADOR RD, BALTO, MD 21244 · ONETE 31. Date filed (Month, Day, Year)

Registrar

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				State of Ma	aryland /			of Health a	nd Mental	Hygiene Reg. No.	90	20	921			
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State Registrar

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					Certificate of	of Deat	h	Re	eg. No.					
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State of Maryland / Department of Health and Mental Hygiene 9 6 2 0 9 2 9

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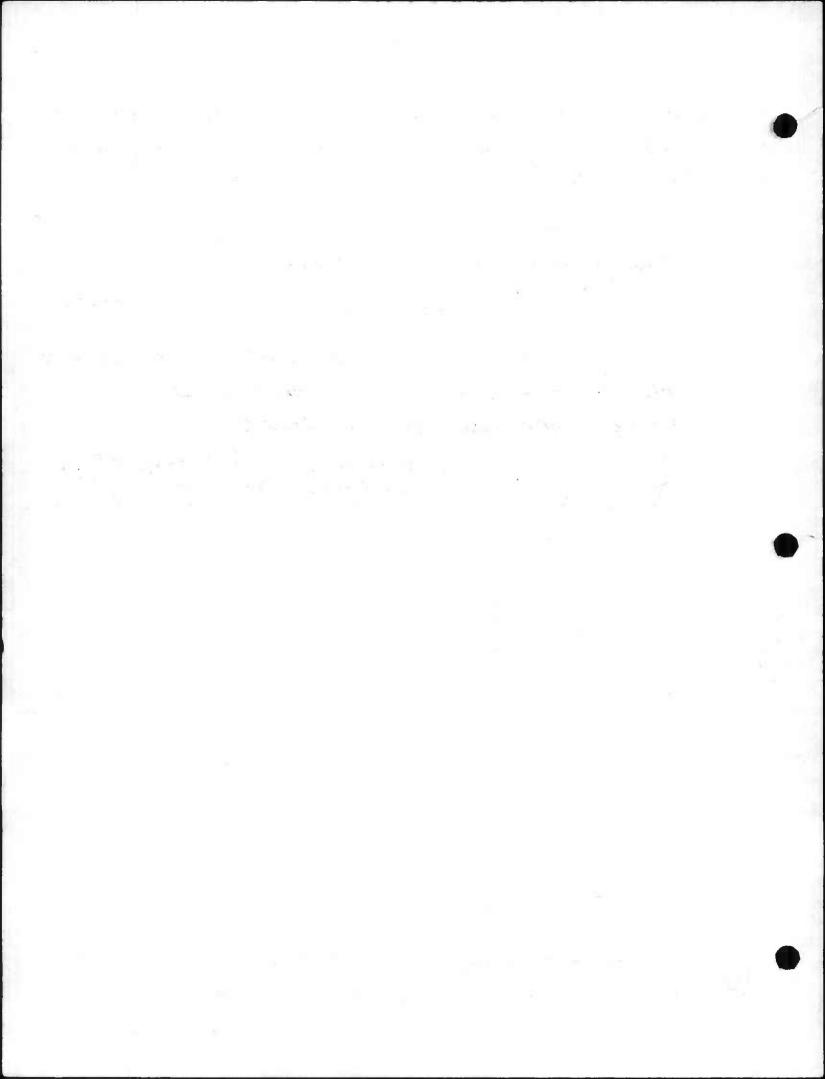
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State of Maryland / Department of Health and Mental Hygiene

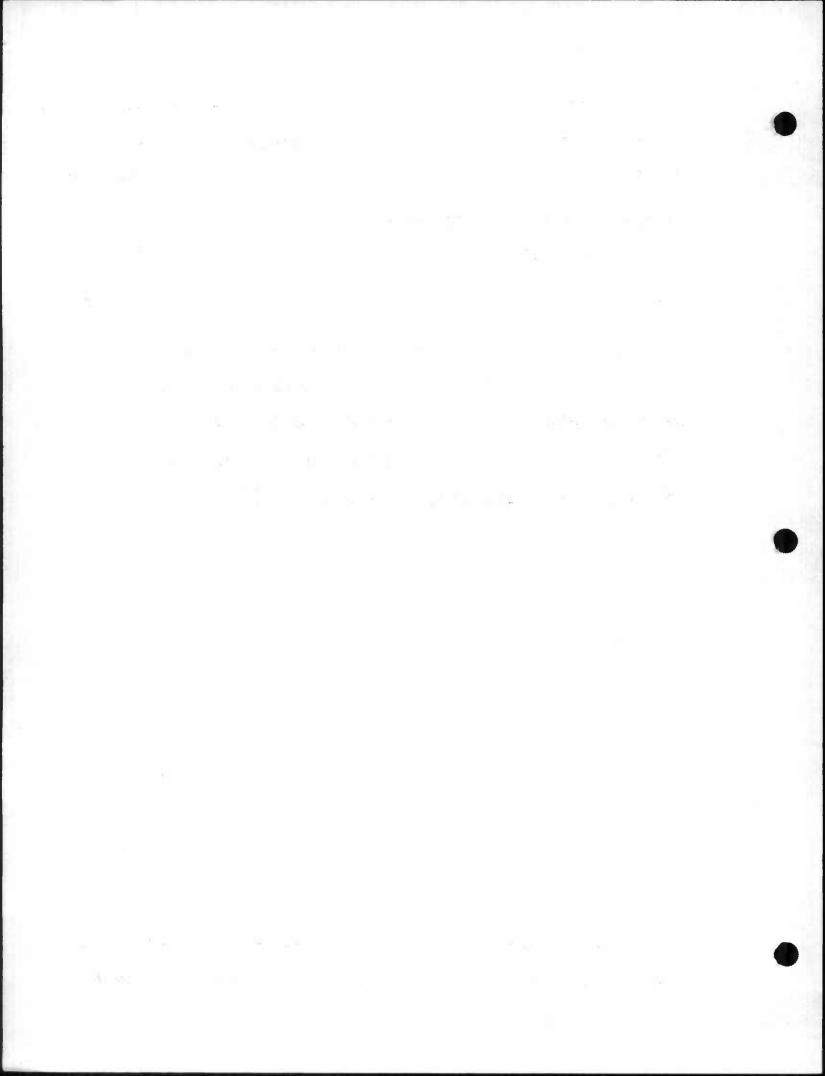
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/Medical Examiner		Immediata Ceusa (Final disaasa or condition rasulting in daath)			consequance of):	ACC.	inent.		 					
are to executed Anytic an end the buriel-transit	Examiner	Sequentielly list conditions, if any, leading to immadiate causa. Entar Underlying Cause (Disease or Injury that initiated events	b. Resp	Dua to (or as e c										
8 S	Aedicai	Cause (Disease or Injury that initiated events resulting In death) Last Dua to (or as e consequence of): d.												
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To the Hospital or Attending Phy within 24 hours effer deeth. To the Funeral Director: After thi completely filled in by the funeral	edicai	29a. Certifier 1 Certifying Ph (Check only one) 2 Medical Exam	yalcian: To tha best o niner: On tha basis of end mannar sta	axamination end	daath occurred a l/or invastigation,	at the time, data and pl in my opinion, daath o	lace, and dua to the occurred at tha tima,	causa(s) and ma data and place,	anner as state and dua to the	d. a cause(s)				
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10		Allon J. C.L.	cus mo	53	10 010	Court	ROCA		211	3.3				
St	tate	5100	Se Thousand	r's Signatur	طفاق									



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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	Physic /Medi		MARIE F POREMSKI							//			5:23	DIM	
ja i	Examii									Location of Dee	eth 4c. County of Death				
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	Funeral Director		213 09 5316	Sex 1 □ M 2 ☑ F	Age (In yrs.	lest birthdey, Yrs.	Month	er 1 Yeer S Deys			ey, Year		Count	lece (Stete or Fo try) LAND	reign
	end *		Usuel Residence of Decedent 10e. Stete 10b. County	10c. City, Town or Location									10	Od. Inside City L	mits
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21215-0020		by Funeral Director	11. Maritel Stetus 1 □ Never Merried 2 □ Married 3 □ Widowed 4 □ Divorced	12. Wes Deceded Armed Force 1 Yes 2 If Yes, Give Yeer or Dete	es? If Yes, specify Cuben, Mexican I ☐ Yes 2 ☑ No Specify:					Specify Yes or N to Rican, etc.)	0-	Biec	e - America k, White, c	etc.	
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5	8 E 5 8	Be	17. Father's Neme (First, Middle, La		DD				18. Mother's Ne				e)		
yla.	Mer	2		SKO	PP				AUGUST						
Mai	200		19e. Informent's Neme/Relationship MR . ROBERT POI						fend Number or R						
	Heali Heali ther		20a. Method of Disposition	KEMOKI	20h I	Plece of Disp			N HEIGH	Dete	1		City or To		6
Baltimore,	8 7 2 9		1 ☑ Buriel 2 ☐ Cremetion 3		ete (cemetery, cre	metory or	other ple						WII, Stole	
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Ba	Depa Impo any it	(KACZOROWSKI FUNERAL HOME 2525 FLEFT ST. BALTO. MD. 21224 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. Appl												
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of Vital	rnysician: this certific rai director,	2	1 Yes 2 No	Hospitel: 1 1 Inp		ER/Outpetle		NON		fome 5 □ Res				')	
DIVISION	seath After the funer	atlon	27. Manner of Deeth 1 © Neturel 5 Pending 2 Accident Investigat	on	Dey Year)	28b. Time of Injury	M	28c. tnju Wo	iry et ork?] Yes 2 □ No	28d. Describe	now inj	ury occum	ed		
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2	vithin 24 hours To the Funeral completely filled	edical	29a. Certifier 1 ☐ Certifying I (Check only one) 2 ☐ Medicat Ex	Physician: To the be iminer: On the basi end manner	s of examine	owledge, deet ation end/or tr	h occurre vestigetio	d et the t on, in my	ime, dete end plece opinion, deeth occi	e, end due to the urred et the time	ceuse(, dete er	s) and me nd piece, e	nner es st end due to	ated. the cause(s)	
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			30. Name end eddress of person wh	o completed cause of	of deeth (Iter	n 23a) (Type	Print)	، میر	, 73A	LTIMODE	M	i)	2122	,	
			RIAZ BOKHARI				KOAL	WAY	1011	- I INTEK L		9	a 1951		
	Sta Registr		31. Dete filed (Month, Dey, Year)	1.0	istrer's Signa	ature									

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Patti William A. JULY 10:45 AM 13 1996 /Medical 4e. Feclifty Neme (If not Institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner Stella Maris @ Mercy Medical Center Baltimore n/a 7. Age (In yrs. lest birthday) Hours Hours Min. (Month, Dey, Year) 11/14/1912 9. Birthpleca (Stete or Foreign Country) Baltimore, Md 6. Sex **Funeral** 128 M 2□ F 214-26-5849 Director Usuel Residence of Decedent with the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 25s-f shore the Medical Examiner must be notified at Md. n/a Baltimore 11 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g, Citizen of Whet Country? 3715 E. Lombard Street 21224 USA deeth Funeral Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 14. Race - American Indien, permit. Peges 1 and 2 should be filed within 72 hours after to Department of Heelih and Mentel Hygiene. Important: if Item 27 is marked other than "natural", or Item any injury or other traumatic event, the Medical Exemp Bleck, White, etc. 1 X Yes 2 No If Yes, Give 1942— Yeer or Detes: 1945 1 Never Merried 2 ☐ Married altimore, Maryland 21215-0020 Specify: White 1 ☐ Yes 2 ☒ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Government Post Office Worker 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Joseph Patti Antonina Palmisano 19e. Informent's Neme/Relationship (Type, Print) sister 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Sr. MaryAnna Patti 3715 E. Lombard St. Baltimore, Md. 21224 20e. Method of Disposition 20b. Piece of Disposition (Neme of Dete 20c. Location - City or Town, State 200. Piece of Disposition (Nerme or cemetery, cremetory or other piece)

New Cathedral Cemeter y7/15/96 Balto. Md. 1 II Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Servica Licenses 22. Name and Address of Facility Joseph N. Zannino Jr. F.H. 263 S. Conkling St. Baltimore, Md.21224 23a. Pert1. Enter the disease, or conducations that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Final Pancreatic Cancer diseese or condition resulting In deeth) 6 months **Examiner** Due to (or es e consequence of): physicien end s the buriel-trensit requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Lest Due to (or as e consequence of): P.O. Box 68760, Physician/Medicai Due to (or es a consequença of): 98 USB signed by the aid Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings evailable prior to completion of cause of death? 24a. Wes en eutopsy performed? Completed peed hes 1 ☐ Yes 2 No certificate Division of Vital director, 25. Wes case referred to medical examiner? 28. Place of Deeth (Check only one) Stella Maris at Mercy Be Hospitel: Other: 4 Nursing Home 5 Residence 6 Dether (Specify) Hospice 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury et Work? Applies or Attention of the Property of The Control of the Control 1 Netural 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 3 Sulcide 6 Could not be determined Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Funeral C edical 29a. Certifier 🔀 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es stated. 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) M. Menons JULY 14, 1996 140480 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) 5900 BELAIR 20 FERRO 34270 21206 MO

State

Registrar

31. Date filed (Month, Day, Year)

JUL 1 5 1996

1.0.

32. Registrer's Signeture

widen-Randoll

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

20934

Physician							Death		Reg. No.		
/Medical	1	1. Decedant's Nama (First, Middle, Le	RD		0210	R		2. Dete of D Month JULY	Day 10 /	1996 8	PM
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uneral	- 1		Sex 7	. Aga (In yrs. le		If Undar 1 Yaa Months Day			irth lav, Year)	9. Birthplaca (\$ Country)	Stata or Foreign
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d other than "naturel", or items 23s or 28s-f show event, the Medical Examiner must be notified at second Combleted by Funeral Director		Maryland Baltim	ioro		ansdo						Ide City Limits
1	3	aryrand bartin	iore	1	alisuc	owne		11		1	Yes 2 XNo
2 2	5	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Country?	
Tall Ca	35	09 Polar Avenu	1e			21227	7		United	States	5
direct must be notfled		11. Meritai Status	12. Was Deced	lent Ever in U,S	S. 13. V	Vas Decedent of	Hispanic Origin? (iben, Mexican, Pue	Specify Yes or N	0- 14. Rac	a - Amarican tnd ck, White, etc.	ian,
el E		1 Nevar Married 2X Married	1 XYes 2	No		☐ Yes 2 沈 N		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Specif		
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P	2	Bernard Prior					Anna N	1. Timm	erman		
ľ		19e. Informent's Neme/Relationship ((Type, Print)		19b. Mailin	g Address (Stre	et end Number or F	Rural Route Num	ber, City or Town,	Stete, Zip Code,	
other traumatic		Anna M. Prior,	wife				Avenue	Balti	more,	Marylar	nd2122
	1	20a. Method of Disposition		20b. Pla	aca of Dispo	sition (Neme of netory or other p	lace)	Date	20c. Location	City or Town, St	ete
ğ		1 XBurial 2 ☐ Cremetion 3 ☐		late		e Nati		7/15/96	Balti	more Ma	rvlan
injury	F	21. Signature of Eboard Service Lice	nsee	Dai		. Neme end Add		, , 13, 30	Darti	more/He	ilylan
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	+	hand property.	qav-	upped the death	27	719 Han	monds I	erry R	oad	21227	lorata
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an al		Immediate Cause (Finel					,				
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M 2	- 1	20.00			es e conseq			,			711
- L			b. Chro	NIC	Lym	phocy	71C L	EUKEN	118	2-	SYCAR
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ald m	1									of deeth?	on of cause
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To Be C	b :	25. Wes case rafarred to medical					26. Plece of De	eth (Check only	one)	1	
To		examiner?	Hospital:	patient 2 E	R/Outpatien	3□ DOA C	ther: 4 Nursing	Homa 5□ Ras	idance 8 Doth	er (Specify)	
		27. Menner of Deeth	28e. Data of		28b. Time of	28c. tnj		1	how injury occur		
Ë	2	Naturel 5 Pending 2 Accidant Investigation		Dey rear)	Injury		☐Yes 2☐No				
ation:		3 ☐ Suicide 6 ☐ Could not b	289. Placa o			et, fectory, office	a		(Street end Numb	per or Rural Route	Number,
of the luner	?	determined	building	, etc. (Specify)				City or 1	own, Stete)		
rtificat		4 Homicide determined							a series (s) and m	anner es steted	
rtificat		4 ☐ Homicide determined		est of my know	ledge, deeth	occurred at the	time, dete end place	a. and due to the			
ortificat		4 ☐ Homicide determined 29a. Certifier 1 ★ Certifying Ph	nystcian: To the b	is of examination	ledge, deeth on end/or Inv	occurred et the estigation, in my	time, dete end place opinion, deeth occ	e, and due to the curred et the time	, date end pleca,	end due to the ca	luse(s)
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State of Maryland / Department of Health and Mental Hygiene

20935 Certificate of Death 1. Decedent'a Nema (First, Middle, Last) 2. Dete of Death 3. Tima of Death Shedeick Month Veer **Physician** PUGH 4 150 TAMES JULY 8 1996 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Median Center Batimore Balhmore City Vekins Adminisheron 7. Age (In yrs. lest birthday) If Undar 1 Yaar If Under 24 Hrs.

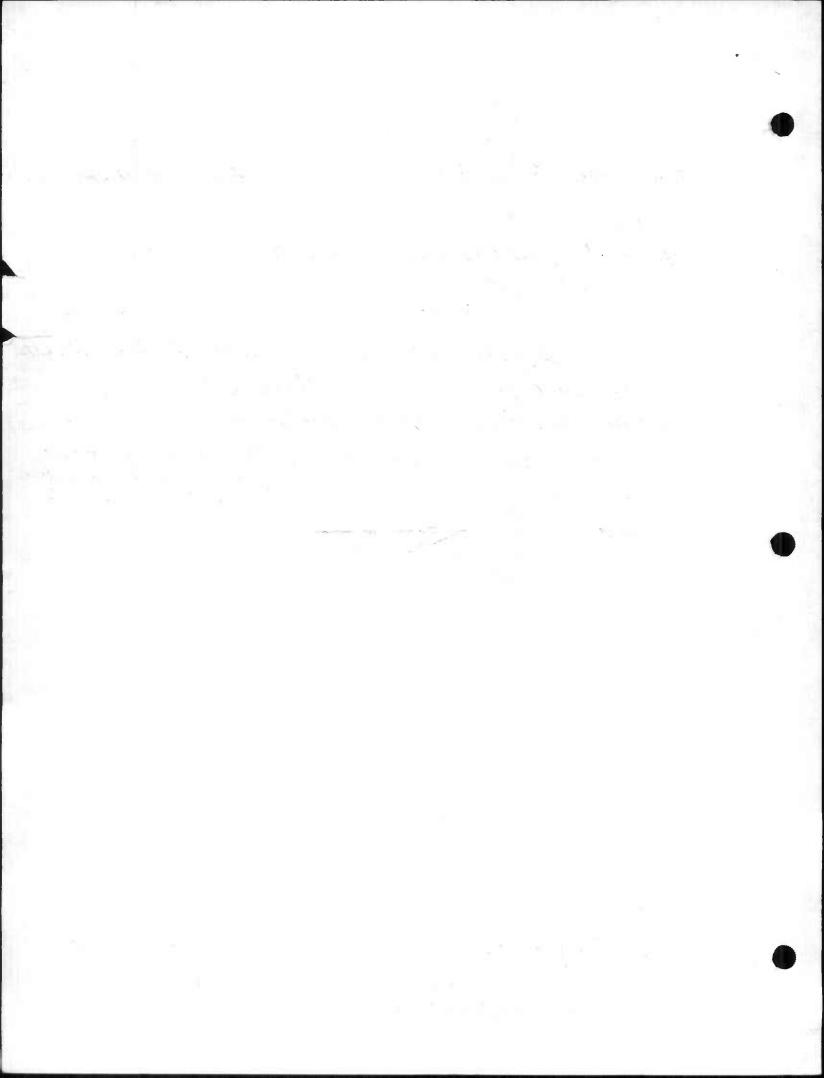
Months Deys Hours Min. 9. Birthplece (State or Foreign Country) 5. Social Sacurity Number **Funeral** Months JEM 2□ F 70 723-16-3683 Usuel Residence of Decedant Yrs. Director with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits other than "natural", or items 23s or 28s-1 showent, the Medical Examiner must be nothed at 1 Xes 2 No Director Marylono 10e. Street and Number 10g. Citizen of Whet Country? 480 2120 SA Pages 1 and 2 should be filed within 72 hours aftar death vant of Health and Mental Hygiena. Int: If Itam 27 Ia marked other than "natural", or Hems 23 Funeral 14. Reca - American Indien, Bieck, White, etc. 13. Wes Decedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, atc.) 11. Marital Status 12. Wes Decedant Evar in U.S. 1 Pres 2 No
If Yes, Give
Yeer or Detes: 1 Never Married 2 Married altimore, Maryland 21215-0020 1 Yes 2 No þ 3 Widowed 4 Divorced Black Completed 16e. Decedent's Usuel Occupetion
(Give kind of work done during most of working
life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/industry Elementery/Secondary (0-12) College (1-4or 5+) U.S. KUBLIC Medical KECORDS YEARS 17. Father's Neme (First, Middla, Last)-18. Mother's Neme (First, Middle, Meiden Sumama) Be W. FREEMAN 20 19a. Informent's Neme/Reletionship (Typ 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 4807 BWYNN OAK ALE nonc 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Steta 20e. Mathod of Disposition Dete Important: If it any Injury or o 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Remove] from Stete permit. Page Department o WOOD CAUN, Woodbones! 4 Donation 5 Pother (Specify) Enter Branch EMETER 22. Name and Address of Fecility CLIA TMAN - HARRIS TENESAL WINE 52 YO REISTELSTOWN ROOD 21. Signature of Fugerei Sarvica Licensee 23a. Part I. Erfer the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cause on each line. Marylano 2121 Approximate Interval Between Onset end Deeth Physician Immediete Ceuse (Final diseese or condition resulting in deeth) **/Medical** 24 40-18 ACIDUSIS Examiner Due to (or es e consequença of) Physician/Medical Examiner 72 hors Seesis Sequentially list conditions, If eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): PANCYCATIC 7 mnns CARCINOMA Dua to (or as a consequanca of): Division of Vital Records, P.O. Pert II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Prosimte Carcinoma by 24b. Were autopsy findings aveilable prior to completion of cause of deeth? 24a. Wes an autopsy performed? Completed cartificata has 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Wes case referred to medical exeminer? Be 28. Place of Deeth (Check only one) 1 Yes 2 No Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Inpatient 2 ER/Outpatient 3 DOA this 28a. Dete of Injury (Month, Dey Year) funaral 27. Menner of Deeth 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Neturel 5 Pending investigation aftar death. 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Straat and Number or Rurel Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) filled in by 4 Homicide Hospital 24 hours a Funeral D † Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end dua to the ceuse(s) end menner es steted.

2 Medical Examinar: On the bests of axamination and/or investigation, in my opinion, death occurred et the time, date end place, end due to the cause(s) end manner stated. To the Hosp within 24 hor To the Fune completaly fi (Check only one) 29b. Signature end title of cartifier 29c. Licansa number 29d. Deta signed (Month, Dey, Year) 8- 1996 P08628 July 10 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print) Balhower, MJ Sylvendayo 22 S. Greene 31. Data filed (Month, Day, Year) Registrer's Signeture

State

Registrar

JUL 1 5 1996



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 20936

						Certin	ficate of	Death		Reg. No.	- 12	. 0 2 0 0
	Discosia		1. Decedent's Neme (First, Middle, L.	ast)					2. Dete of D Month	eeth Dey	Year	3. Time of Death
	Physici /Medi		MARGUERITE	H	READ				JULY	12	1996	3:00 an
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	eth with the Marylen 23a or 28a-f show ant be notified at	to	Maryland Baltimo	re County	Luthe	rvi 11	0					1 ☐ Yes 2 📉 No
	h the	Directo	10e. Street and Number	re coursey	Locite		10f. Zip Code			10g. Citizen of	Whet Count	try?
	h wit		300 W. Seminary A	venue			21093			U.S.	Α.	
	ter deet frems	Funeral	11. Maritel Stetus	12. Wes Decedent Ex Armed Forces?	ver In U,S.	13. Was	Decedent of h	Hispanic Origin? (en, Mexican, Pue	Specify Yes or N		ca - America	
21215-0020	al', or	þ	1 ☐ Never Merried 2 ☐ Merried 3 🔀 Widowed 4 ☐ Divorced	1 Yes 2 X No If Yes, Give Year or Detes:			Yes 2X No		no Rican, etc.)	Speci	eck, White, e Try: Whit	
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Maryland	200		19e. Informent'e Name/Reletionship Mr. Kenneth Seal/					end Number or F				
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of	Physician: this certific ral director,	2	1 ☐ Yes 2 ☐ No		2□ER/O	utpetient	3L DOA		Home 5□ Res	ldence 8 □Ot	her (Specify)
n o	Attending Physician: The is death. ector: After this certificate he by the funeral director, page	Certification:	27. Manner of Deeth 1. □ Neturel 5 □ Pending	28a. Dete of Injury (Month, Dey		Time of Injury	28c. Inju		28d. Describe	how injury occu	irred	
Sic	Attending or death.	cat	2 Accident Investigation 3 Sulcide 6 Could not be					Yes 2 □ No		(2)		
Division	or Attending effer death. Director: After I in by the fune	E	4 ☐ Homicide determined		y - At home, te (Specity)	erm, street,	factory, office			(Street end Num wn, Stete)	iber or Rurel	Houte Number,
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ζ,	In		30. Name end eddress of person who	completed cause of dee	oth (Item 23e)	(Type, Prin	nt)		1	-//	11	
-	70		E.T-(ouwe	ino	5	15 1	Siro	2002	1,1	dus	un, Mo.
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	Registr	ar	JUL 1 5 1996	tura var son-	Nouse							

Physician /Medical Examiner

Funeral Director

"natural", or items 23s or 28s-f st edical Examiner must be notified Maryland 21215-0020 Hygiene.

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked offin any injury or other traumeric event Since.

altimore.

Box 68760.

P.O.

Records,

of Vital

Division

Physician Examiner

physician and s the burial-transit The law requires that the death certificete ettending | ed by the deteched s been signed to should be det page 2 s certificate

al or Attending Physician: The safer deeth.

If Director: After this certificate of in by the funeral director, pa To the Hospital or within 24 hours aft To the Funeral Di completaly filled in

Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Yaar PETERJSCZERBICKI 14,1996 7:20 AM 2014 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death HOSPITAL CENTER RANDALLSTOWN BALTIMORE NORTH WEST 7. Aga (In yrs. lest birthday) If Undar 1 Yeer If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) Feb. 3, 1901 5. Sociel Security Number 6. Sax Birthplece (State or Foreign Country) **X**□M 2□F Balto. Md. 579-10-0639 Usual Residence of Dacadan 10a. Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits Md. Baltimore Director 1 ☐ Yes 2 No Reisterstown 10e. Street and Number 10f. Zlp Code 10g. Citizan of What Country? 12 Brookbury Drive 21136 Funeral USA 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No Wes Decedant of Hispanic Origin? (Specify Yas or No-it Yas, specify Cuban, Mexicen, Puarto Rican, atc.) 14. Rece - Amarican Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yas 2 ☐ No Specify: White Specify. à 3℃ Widowed 4 Divorced Completed 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Business/industry Elamantary/Secondery (0-12) Collega (1-4or 5+) C & P Telephone Co. Foreman High School-12--D-17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meiden Sumame) Be Joseph Sczerbicki Michaelian Klof 19a. Informant's Name/Raiationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12 Brookburg Drive Apt.Al Reisterstown, Md. 21136 Mrs. Clara L. Phipps (Daughter) 20a. Mathod of Disposition 20b. Piace of Disposition (Name of camatary, crematory or other place) 20c. Location - City or Town, State 1 XBurlai 2 ☐ Cramation 3 ☐ Removel from Stata Druid Ridge Cemetery 7/17/96 Pikesville, Md. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funarai Service Licensee 22. Nama and Address of Fecility 11824 Reisterstown Road ELINE FUNERAL HOME Reisterstown, Md. 21136 time 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, sock, or heart failure. List only one cause on each line. Approximata Intervel Batween Onset and Death YEARS Immediata Cause (Final FAILURE HEART disaasa or condition rasulting in daath) e CONGESTIVE Dua to (or as a consequance of) Examiner Sequantially list conditions, if eny, leeding to immadiate ceusa. Entar Underlying Cause (Diseasa or injury that initiated evants rasulting in death) Lest Dua to (or as a consequence of): Physician/Medical Due to (or as a consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown FIBRILLATION ATRIAL Š Completed 24b. Wara autopsy tindings available prior to completion of ceuse of death? 24a. Was an autopsy performed? 1 ☐ Yas 2 No 1 ☐ Yas 2 No Be 25. Was casa reterred to medical 26. Placa of Death (Check only one) Hospital: 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 27. Mannar of Deeth 28a. Data of Injury (Month, Dey Year) Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Pending Invastigetion 1 Naturai 1 ☐ Yas 2 ☐ No 2 Accident 8 Could not be determined 3 Suicide 28a. Placa of Injury - At homa, term, streat, factory, offica building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner steted. 29a. Cartifier 29b. Signetura and titla of certifiar 29c. License number 29d. Data signed (Month, Day, Year) .S.RAO.MI.D D 43462 JULY 14 1996 K.S. RAD. MI. D. NORTH WEST HOS PITAL CENTER, RANDALLSTOWN 30. Nama and addrass of person who complated causa of death (Item 23a) (Type, Print) Taz Annum Prophetto 31. Data filed (Month, Day, Year) 2. 5. 1996 U State

DHMH 16 Rev 6/95

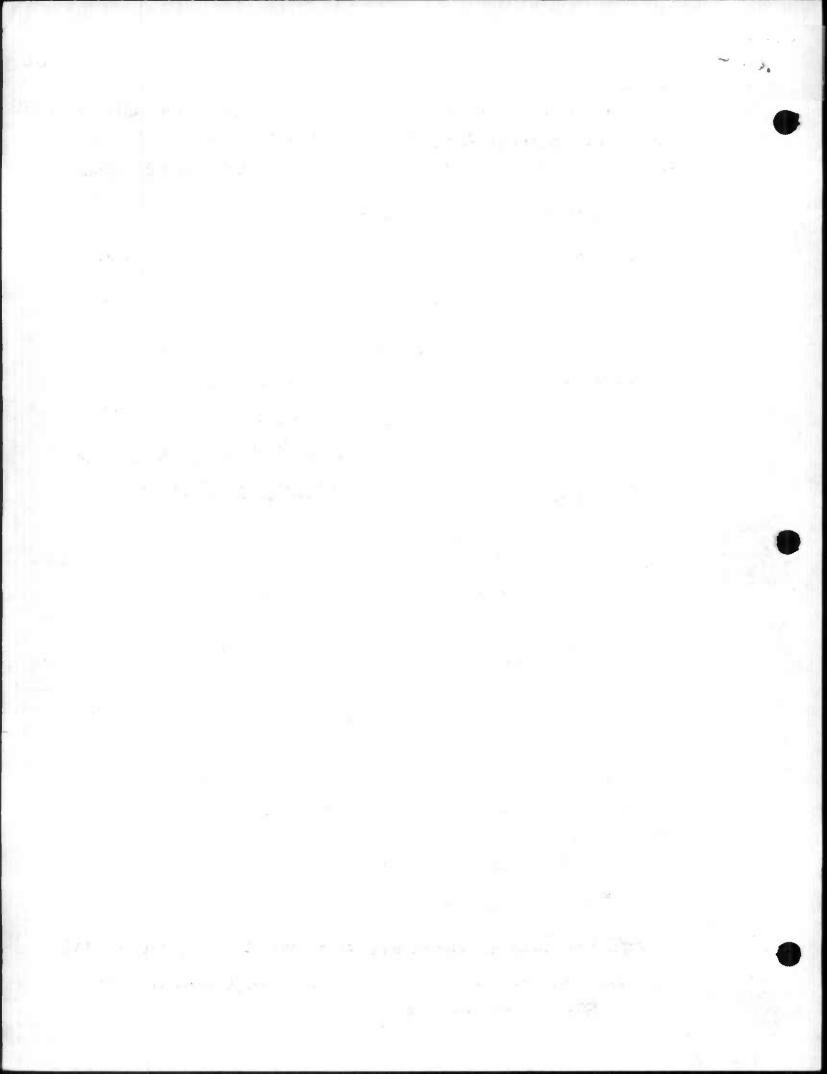
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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I, or itams 2	by Funeral	11. Marital Status 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Was Decadent Ever Armed Forces? 1 ♣Yas 2 ☐ No If Yes, Giva Yaar or Dates:			flispantc Origin? (Spe en, Maxicen, Puarto f Specify:	cify Yes or No Ricen, atc.)	o- 14. Rec Blac	e - Amaric ck, White,	an Indien, etc.
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nd Mental Hygiene. marked other than imatic event, the M	To Be Co	17. Father's Name (First, Middla, Last) Leroy H. Smink Sr.		11000		18. Mother's Name Florence		, Meiden Sumer	10)	
ls m		19a. Informent's Name/Raletionship (I Cynthia Compton (I	aughter)	921 K	Cent Avenue	and Number or Rure Catonsville			Stete, Zip	Coda)
8 = >		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify		Ob. Place of Dispo cometery, cre Glen Haver	osition (Neme of metory or other plea Memorial F	July 16,	Date 1996	20c. Location - Glen Burni		
Depertment Important: any injury once.		21. Signeture of Funaral Service Licen		1	.630 Edmonds	ss of Facility Cal Home of (Son Avenue (Catonsvi	lle, Maryl	land 2	1228
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hin 24 hours the Funeral mpletely filled	Medical	(Check only 2 Medical Examone)	sician: To the best of my iner: On the basis of axe end manner steted.	mination end/or in	vestigation, in my o	plnion, daath occurre	ed et the time,	date end place,	end due to	the ceuse(s)
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Stat Registra	e Ir	31. Date fied (Month Dev. Yeer)	Guila Deviden	Adapta						

DHMH 16 Rev 6/95

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	72 hours after death with the Maryland natural, or Items 23s or 28s-f show after Examiner must be notified at	Funeral	11. Marital Status	12. Was Decedant			Was Dar	edent of	Hispanic Origin? (S	necify Yes or No	14 B	ace - Americ		
	tar of	F	1 ☐ Never Merried 2 ☐ Merried	Armed Forcas?			If Yas, s	pecify Cul	oen, Mexican, Puer	to Rican, etc.)		ack, Whita,		
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ore.	of He		20a. Method of Disposition	Domestal from State	20b. P	lace of Dispo	osition (A	lame of r othar pla	July 16,	1996	20c. Location	- City or To	own, Stata	
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68/60,	nysic ha by	edlcai	Cause (Disaasa or injury that initieted evants rasulting in death) Last	artery					TOT GEBEC	ind Ing. C.	Jionaly	1	Juaya	,
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-	a daath he atter	Physician	Part II. Other eignificant conditions	contributing to death b	ut not rasi	ulting In tha u	ındariying	causa g	iven in Part I.	23b. Dld	tobacco use o	ontribute to	the cause o	of death?
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VItal	s cartificata director, pag	Be	25. Was casa rafarred to medical axaminar?						26. Place of De	eth (Check only o	one)			
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			27. Manner of Death 1 ☐ Neturel 5 ☐ Pending	28a. Data of Inju (Month, Da	ry y Year)	28b. Tima o Injury	of	28c. Inju	iry et ork?	28d. Describe I	now Injury occ	urred		
SIO	Arrending ir daath. ector: Aftai by the fune	cati	2 Accident invastigati	on			М		Yas 2□No					
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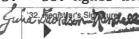
D08949

July 13, 1996

30. Nama and addrass of person who complated cause of death (Item 23e) (Type, Print)

- St. Agnes Hospital - 900 Caton Ave., Baltimore, Md. 21229 Bert F. Morton, M.D.

State Registrar



ex the room, not complete any entropy of the complete and

State of Maryland / Department of Health and Mental Hygiene 20940 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Physician Shun K Month 10:00 AM 12 /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City. Town, or Location of Deet! 4c. County of Deeth Examiner GLEN BUYNIE

If Under 1 Yeer | If Under 24 Hrs. | 8. Date of Bir 8. Date of Birth (Month, Day 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Country) West Virginia **Funeral** Days 1 M 2 F Director 236-28-1054 Usual Residence of Decedent deeth with the Meryland 10a. Stete
Maryland Baltimore 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f sho traumatic event, the Modical Examinar must be notified at Dundalk 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? U.S.A. 316 Centre Place 21224 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 2 No If Yes, Give A Yeer or Dates: 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 11. Marital Status permit. Peges 1 and 2 should be filed within 72 hours effer c Department of Health and Mantel Hygiena. important: If item 27 is marked other than "natural any injury or other transmitted. 1 Never Married 2 Merried Saltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White ģ 3 Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Samuel K. Smith Ludinia Bowers 19e. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Oakwood Rd Glen Burnie Md. 21061 Olive Arbogast 20a. Method of Disposition

2 Cremation 3 Removal from State 20b. Place of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, Stete Parkwood cemetery 7/15/1996 Baltimore, MD. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility W. Dabrowski/Chojnacki Funeral Home 23a. Part1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** lyocardial Infarction /Medical immediate Cause (Final 1-2 hours disease or condition resulting in death) Examiner Examiner The law requires that the deeth certificate be axecuted Sequentially ilst conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Last pue Due to (or as a consequence of): physician is the burial Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): been signed by the attending should be datached for use es Part fi. Other afgnificent conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Nhknown diseasa À 24b. Were autopsy findings available prior to 24a. Was an eutopsy performed? Completed completion of cause of death? certificate has 2 00No 1 Yes 2 No 25. Was case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 ☐ Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this funerel 28a. Date of injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. fnjury et Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Natural death. 1 ☐ Yes 2 ☐ No 2 Accident i or Attend after death Director: / completely filled in by the 3 Suicide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide Hospital 24 hours a 24 hours a 15ACertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 D Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical To the To the 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 12,1996 D-40521 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

DR OCHANE 7845 OAKWOOD ROAD 235 BURNIE, MD STEH! 31. Dete flied (Month, Day, Year) 32. Registrant Signature

DHMH 16 Rev 6/95

State

Registrar

JUL 1 5 1996

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Yaar **Physician** Schultz 12:34 P Richard 1996 July /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** N/A Joseph Ritchie Hospice Baltimore 8. Data of Birth (Month, Day, Year)
May 25, 1924
Poland 6. Sax 1 🖾 M 2 🗆 F If Undar 1 Yaar | If Undar 24 Hrs. | Months | Days | Hours | Min. 5. Social Security Number 7. Aga (In yrs. last birthday) Birthpiaca (Stata or Foraign Country) **Funeral** Months Days 219-30-8853 72 Yrs Director Usual Residence of Decedant with the Meryland 10a, Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits f is marked other than "naturel", or hems 23a or 28a-f show traumatic event, the Medical Examiner must be nothed at Maryland Baltimore Arbutus 1 Yas 2 No Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1313 Sulphur Spring Road 21227 United States filed within 72 hours efter deeth v Hyglene. other than "naturel", or Hems 23s Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Yas 22 No If Yas, Giva Yaar or Datas: 1 Nevar Married 20X Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: white by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) permit. Peges 1 end 2 should be filled wi Department of Heelth and Mentel Hygien Important: if Nem 27 is marked other tha eny injury or other traumatic event, IPs., Once. 10 warehouse manager vending 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Maiden Sumama) Witold Szule Anna Otolinski 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Minna M. Schultz, wife 1313 Sulphur Spring Road Arbutus, Maryland 20b. Piace of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod ot Disposition 20c. Location - City or Town, Stata 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Ramovai trom Stata 4 ☐ Donation 5 ☐ Other (Specify) 7/12/96 Baltimore, Marylan Immanuel Lutheran 21. Signature of Funeral Service Licensaa 22. Nama and Addrass of Facility Ambrose Funeral Home, Inc. Arbutus 23a. Part1 Entar the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. 21227 Approximata Intarvai Between Onset and Death **Physician** Immediata Causa (Final disaasa or condition resulting in death) /Medical Progressive philmonary failure
Dua to (or as a consequence of): month Examiner Cardiac Congestive

Dua to (or as a consequence of): by Physician/Medical Examine Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Cause (Disaasa or injury that initiated evants resulting in death) Last and physician ASCVO 8 Dua to (or as a consequence of): å 94 Diosefes Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably (Unknown signed by ď. Gout, hypertension Division of Vital Records, 24b. Wara autopsy tindings availabla prior to completion of causa of death? 24a. Was an autopsy performad? Completed failure 1 Yas 2 No certificate 1 ☐ Yas 2 ☐ No or Attending Physician: Be 25. Was casa ratarred to medical axaminar? 26. Place of Death (Check only ona) Hospital: 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Rasidance 6 Mothar (Specify) Richey Certification: To 1 Yas 2 No 28a. Data of Injury (Month, Day Year) 27. Manner of Death

1 Natural

2 □ Accident 28d. Dascribe how injury occurred 28b. Tima of injury 28c. injury at Work? 5 Panding invastigation 1 TYas 2 No ofter death Director: / 6 Could not be datarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 Sulcida 28e. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida To the Hospital or A within 24 hours effer To the Funeral Direcompletely filled in b 29a, Cartifiar Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. edical (Check only one) 29b. Signatura and titla of certifian 29c. Licansa numbar 29d. Data signad (Month, Day, Year) voice M. A D 13006 30. Nama and addrass of person who complated causa of daath (item 23a) (Type, Print) well: 101 W. Read St, Boltimone Powell: 21201

Registrar

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 20942 ITEM#26 ITEM#12 film g737 7/15/96ag perDr. Certificate of Death 1. Decadant's Name (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** 9:30 P.M. JUNE /Medical 4a. Facility Name (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 1010 W. BALTIMORE STREET BALTIMORE BALTIMORE if Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) if Under 1 Yaar Months Days 5. Social Security Number 6. Sax 7. Aga (In yrs. last bjrthday) 9. Birthpiaca (Stata or Foraign **Funeral** VIRGINIA 229-28-8624 1 M 2 F DEC. 01, 1927 Yrs. Director Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23s or 23s-f show any followy or other traumatic event, the Mendical Examiner man be notified at 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Yes 2 □ No BALTIMORE MARYLAND 10e. Street end Number Director BALTIMORE 10a. Citizen of Whet Country? 1010W. BALTIHORE STREET USA. Funeral 13. Wes Decedent of Hispanic Origin? (Specity Yas or No-if Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - Amarican Indien, Bieck, White, etc. 1 Nevar Married 2 Married 1 ☐ Yes 2√2No If Yes, Give Yaar or Dates: 1 ☐ Yes 2 No Specify: Specify: BLACK ģ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working iife. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) OWN GRADE HOMEMAKER 17. Father's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Melden Surneme) Be JOSEPH SMITH ٥ 19a. Informant's Name/Reletionship (Type, Pnint) 19b. Melling Address (Street and Number or Rerai Route Number, City or Town, Stete, Zip Code) 1/37 HOLLINS ST. BALTIMORE NO. 2/233
ce of Disposition (Name of Dete 20c. Location - City or Town, Steta JOSEPH 20a. Method of Disposition

1 Buriel 2 Cremation 3 Ramoval from Stata 20b. Plece of Disposition (Neme of cemetery, cramatory or other piece) 7-5-96 BALTIMORE, MD 4 ☐ Donatlop 5 ☐ Other (Specify) MT. ZION CEMETERI of Funeral Service Licenses JOSEPH H. BROWN JR.FUNERAL HOME, P.A. 2140 N. FULTON AVENUE, BALTIMORÉ, MD. 23a. Part1. Enter the disaasa, or complications that ceused the deeth. Do not antar tha mode of dying, such as cardiac or rasplratory arrest, shock, or heer feilure. List only one ceuse on each line. Approximata intervel Between Onset and Death **Physician** with Metastusis /Medical Immediete Cause (Finei disaase or condition resulting in deeth) Examiner Physician/Medical Examine The law requires that the death certificate be axecuted ettanding physician and for usa es the burial-transit Sequentielly list conditions, if any, laading to immadiate ceuse. Enter Underlying Cause (Diseese or Injury thet initieted events resulting in death) Last Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760 Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 2 No 3 Probably 4 Unknown 1 X Yes þ 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? Completed paga 2 s 1 ☐ Yes 2 ☐ No cartificata or Attending Physician: director, Be 25. Wes cese referred to medical exeminer? 26. Plece of Deeth (Check only one) exeminer? Hospitel: 1 ☐ inpatiant 2 ☐ ER/Outpetient Other: 4 Nursing Home 5 Residence 8 Other (Specify) P SOIDA this 28a. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Certification: Neturel 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No To the Hospital or Attendit within 24 hours after death.

To the Funeral Director: All compiately filled in by the fu aftar death. 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 ☐ Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) end manner as stated.

Limited Medical Examiner: On the bests of examinetion end/or invastigation, in my opinion, death occurred at the time, deta end place, and due to the cause(s) end manner steted. 29a. Certifler Medical (Check only one) 29b. Signature end title of certifiar 29c. License number 29d. Date signed (Month, Day, Year) d couse of death (Item 230) (Type, Print) Total Health Care W. Saratoga St, Baltomore 32. Registrer's Signeture State Registrar

same and Mangaler and the Address of the Address of the wat given in the thirtiest or a country of the terms.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 20943 SSA 220_ 67.9138 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month 8-30PM JR. SEGAL MHOL JULY 1996 10 /Medical 4a. Facility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner BALTIMORE BALTIMORE GOOD SAMARITAN HOSPITAL 7. Age (In yrs. lest birthdey) If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 8. Sax 9. Birthpiece (Stete or Foreign **Funeral** 10 M 2□ F Yrs. 220,07,9138 Director MD Usual Residence of Decedent 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits 1XXes 2 No Director MD n/a Baltimore 7 is marked other than "natural", or items 23a or 28a-f-traumetic event, the Medical Examinar must be notifie 10e. Street and Number 10f. Zip Code 10g. Citizan of Whet Country? 1500 Pentridge 21239 USA 12. Wes Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispenic Orlgln? (Specify Yas or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, Whita, atc. 1 Yas ZXNo
If Yes, Give
Yeer or Detes: 1 □ Never Married 2 □ Merrled 1 Yes 2 No Specify: Specify: ğ Black 3 ☑ Widowed 4 □ Divorced 15. Decedent's Education (Specify only highast grada completed) 16e. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 11th Tailor Clothing peamit. Pages 1 and 2 should be file Department of Health and Marrial Hy Important: If flom 27 is marked often any injury or other traumstic event, obts. 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be John W. Segal, Sr. Annie Lyles 19e. Informent's Neme/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 8 Stable Run Ct. Randallstown, MD Betty Walton/step daughter 21133 20b. Plece of Disposition (Name of cematary, cramatory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Surial 2 ☐ Cramation 3 ☐ Ramovel from Stete 4 ☐ Donation 5 ☐ Other (Specify) Baltimore Cemetery 7/16 Baltimore, MD Signature of Funeral Service Licensee 22. Name and Address of Fecility
James A. Morton & Sons Funeral Home 1701 LAurens St. BAlto., 21217 23e. Penul Enter the disaasa, or complications that ceusad the daath. Do not enter the mode of dying, such as cerdlec or respiretory errest, show or heart failure. List only one ceuse on each line. Approximete Intervel Between Onset and Deeth **Physician** /Medicai Immediete Cause (Finel SEPTICEMIA 2 DAYS diseasa or condition resulting in deeth) Examiner Due to (or as e consequence of) Examiner PNEUMONIA - PROBABLE ASPIRATION 2 DA 43 ettending physician end for use es the buriel-transit certificate be axacuted Sequentially list conditions, if any, leading to immadiate ceuse. Enter Underlying Ceuse (Diseese or injury thet initietad evants resulting in daeth) Last Due to (or as a consequence of) Physician/Medical Due to (or as a consequence of): signed by the e Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 d Unknown CARDIOMYOPATHY, CHRONIC OBSTRUCTIVE PULMONACI by 24b. Were eutopsy findings eveileble prior to completion of ceuse of death? 24e. Was en eutopsy performed? Completed DISEASE ACUTE RENAL FAILURE. 1 ☐ Yes 2 ☐ No HYPONATREMIA 1 Yes 2 No 25. Wes cese referred to medicel examiner? Be 28. Piace of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No 28c. Injury at Work? 27. Manner of Deeth 28a. Data of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred Certification: 5 Panding investigation 1 Maturel death. 1 Tyes 2 No 2 Accident after death Director: 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 ☐ Homicide To the Funeral C completaly filled 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) and menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete and place, end due to the ceuse(s) and manner steted. 29a. Certifier Medicai 29b. Signatura and title of certifier 29d. Date signed (Month, Dey, Year) 29c. Licansa number Tromas RES M.D 000 JULY 12, 1996

State Registrar 31. Dete filed (Month, Dey, Yaer)

JUL 1 5 **1996**



5601, NOCH RAVEN BLUD, BALTIMORE

30. Name end eddress of person who completed ceuse of deeth (Item 23a) (Type, Print)

Box 68760,

P.O.

Records,

Division of Vital

21966

						Cei	rtificat	te of	Death		Reg. I	No.			
Physician		. Decedant's Nama (First, Middla, La								2. Data of		Day	Voor	3. Tima o	
/Medical		GENERAL	SMITH							JULY	1	3°, 1	996	0930) AM
Examiner	4	a. Facility Name (If not institution, git 534 NORTH CA)							4b. City, Town, or BALTIM		aeth	c. County			
Funeral Director			Sex 1 ☑ M 2 □ F	7. Aga (1	in yrs. le	as <i>t birthday)</i> Yrs.	if Undar Months				Birth Day, Yea	926	9. Birthp Court	leca (Stata ditry)	or Foraig
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this day	1	0e. Stata 10b. County Maryland n/a				Town or Lo							1	0d. insida C 1 [€] Yas	
r tems 23s or service running be notified	1	00. Street and Number 534 North Carey	Street				10f. Zip	Code 1 2 2 3	3		10g. (Citizan of V	What Cour	itry?	
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natur ed cal		15. Decedant's E (Spacify only highest gr				16a. Daced (Giva	lant's Usua kind of wo	ai Occu ork doria	pation during most of wo	rking	16b.	Kind of B	usiness/ind	dustry	
or Health and Mental Hygiene. If them 27 is marked other than or other traumatic event, the Mental other traumatic event, the Mental other traumatic event, the Mental other traumatic event, the Mental other traumatic event, the Mental other traumatic events are compared to the Mental other traumatic events.		Elamantary/Secondary (0-12) UNRNOWN	unknown	-4or 5+)					worker		Ga	ines	Cons	truct	ion.
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Department of Health Important: If Nem 27 any Injury or other to once.	2	1 Burial 2 Cramation 3 E 4 Donation 5 Dother (Special	y) State	rem.		matery, cran			ass of Facility	rd-655			nore		t
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nysician Medical xaminer	10	23a. Part Enter the disease, or com shock, or heart failure. List only menediate Cause (Final lisease or condition	one cause on as	ach line.					ing, such as cardia.			ase		Approximat intarval Bat Onset end	e ween Daath
	n	esulting in death)				as a conseq									
burial-transit	10 mc(0)	equentially list conditions, any, leading to immediate ause. Enter Underlying ause (Disease or injury	b. —	Du	e to (or	as a conseq	uence of):								
g physician as the buria	1 0	lause (Disease or injury sat initiated events esuiting in death) Last	0.	Due	e to (or a	as a consequ	ience of):	3							
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by the attending tached for use	Pi	art II. Other significant conditions of	ontributing to des	ath but n	ot result	ting in the un	derlying a	ause gi	ven in Part I.	A. 1541 Gard				the cause of	
gned by be detac by Phy	-									1	☐ Yes	2□ No	3 Prot	sebiy 4	Unknow
should should leted	_								1 9		/as an aut erformed?		ave	ire autopsy f slable prior t inpletion of c	0
page 2											PECT		0.00	Yes 2	No
Be Be	2	5. Was case referred to medical examiner?	Monetal		914 187 -			- La-	26, Place of Des	ith (Check on	ly one)				
1 25	191	XX Yes 2□ No	100000000000000000000000000000000000000	patient	-	P/Outpatient		m	her: 4 Nursing H			A CONTRACTOR OF THE PARTY	71.4-34.7-3-3	9	
L 2	23	Manner of Death 1 ☑ Matural 5 ☐ Pending 2 ☐ Accident investigation		Day Ye	nar)	28ti. Time of Injury	м 2	Mo 1□	ryat rk?]Yes 2□No	28d. Descri	be how in	jury occur	red		
rector. Also by the tune		3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homicide determined	200. PIBOR (of Injury g, etc. (8	At hon	se, farm, stre	et, factory	, office		28f. Location City or	n (Straat Town, Sta	and Numb	er or Rura	i Route Num	ber,

1 Certifying Physician: To tha best of my knowledge, death occurred at tha tima, date and place, and due to tha causa(s) and mannar as stated.

2 Description Physician: To the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the causa(s) and mannar estated.

29c. License number

O.C.M.E

29d. Dete signed (Month, Dey, Year)

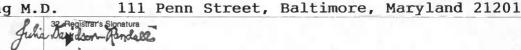
JULY 10, 1996

State Registrar

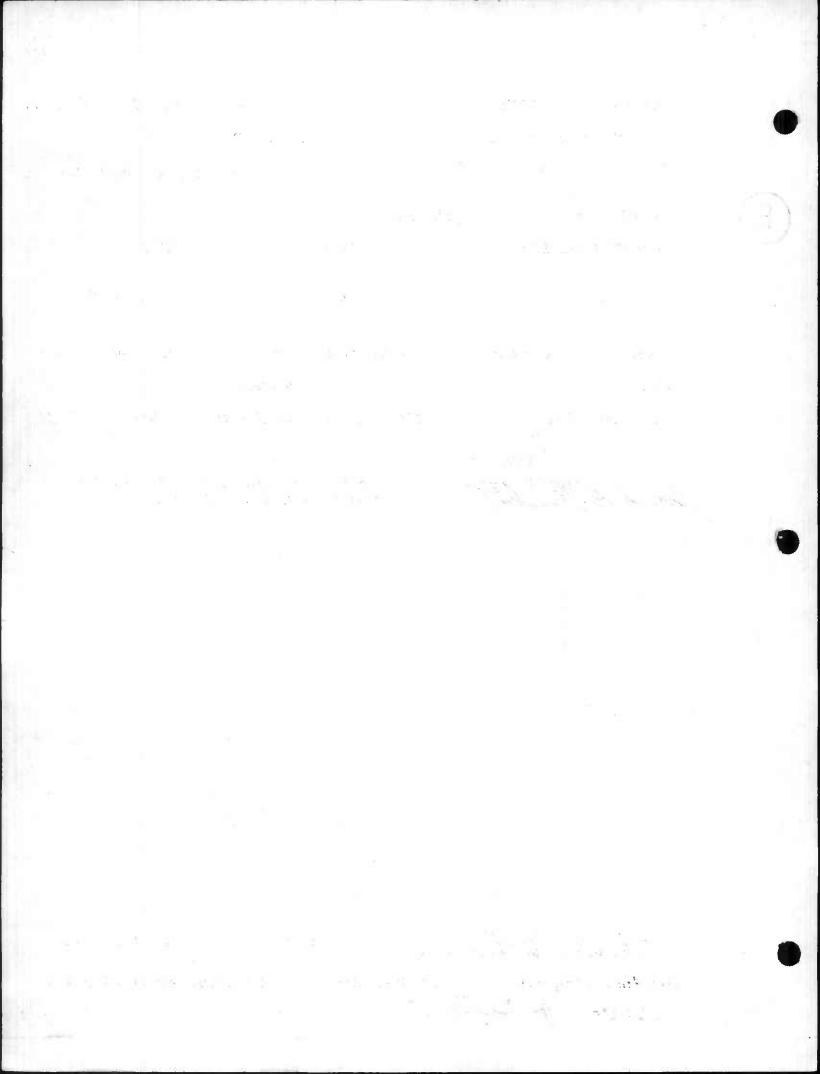
29a. Certifiar (Check only

Theodore King M.D. 31. Data filed (Month, Day, Year)
JUL 1 5 1996

29b. Signature and title of certifie



30. Nama and addrass of person who complated causa of daith (Itam 23a) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			Decedent's Name (First, M.)	Aiddle 1	14)		Cei	tificate of	Death	0.000 /=	Reg. No.		10.7
	Physic		CHRISTINE		ni)		SMITH			2. Dete of De Month JULY	Dey	Yeer 996	3. Time of Deeth 9:07 PM
1	/Medi Examii		4a. Facility Neme (If not insti	ution, giva		nber)			4b. City, Town, or	Location of Daar		y of Deeth	J.07 PI
			3023 MCEL 5. Social Sacurity Number	-		7 A //-		If Under 1 Year	BALT I			n/a	
h	Funeral Director		218-03-4865 Usuel Residence of Deceder		mx □M 2√2 F	7. Age (in yr.	s. lest birthday) Yrs.	Months Deys	Hours Min.	(Month, D	7, 1920	9. Birthp Cour Mary	olece (Stata or Foreig http) Land
	show d at	_	10e. State 10b. Co			10c. C	City, Town or Lo	cation				1	0d. Inside City Limit
-		ecto	Maryland n/a 10e. Street and Number			Ва	ltimore	104 7:- 0-1-			40.000		1 √ Yes 2 N
E	Tag and the same of the same o	Funeral Director	3023 McElder	ry St	reet			10f. Zip Code	21205		10g. Citizen of U.	S.A.	ntry?
1020	/z hours eiter opent with the Marylan hatural', or them 22 of 25 of show heat Exeminer mant be notified at	by	11. Marital Status 1 ☐ Never Married 2 ☐ 3 ☐ Widowed 4 ☐ Divo		12. Was Dece Armed For 1 Yas If Yes, Giv Yeer or De	ces? 2 (X) No e		Ves Decedant of F Yes, specify Cub ☐ Yas 212 No	Hispanic Origin? (S an, Mexican, Puer Specify:	spacify Yes or No to Rican, etc.)	o- 14. Ra Ble Specia	ce - Americ ock, White, fy: Wh	
0-6121	c	Completed	15. Dece (Specify only hi Elementery/Secondary (0- 1 2		ucetion de completed) College (1	-4or 5+)	(Giva life. L	ent's Usuel Occup kind of work done OO NOT use retire Punch Op	during most of wo d)	rking	16b. Kind of E		dustry
2		Be Co	17. Father's Neme (First, Mid	dle, Last)			Neg	ranen op	18. Mother's Ner	me (First, Middle		- M	.camore
yla		TOB	John Karl							Christin			
Ma	27 is		19a. Informent's Name/Relea			lson			Street-E				21205
13 .	Definit, rages I am Department of Healt Important: If Item 2: any Injury or other once.		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremet 4 ☐ Donetion 5 ☐ Other				Place of Dispos cemetery, crem	sition (Neme of setory or other ple	се)	Date	20c. Location	- City or To	own, State
	Departi Import any Inj once.		21. Signeture of Funerei Sen	vice Licens CDb F	Vays	unty	St		ess of Facility my Board Maryland			re St	reet
E	hysician /Medical examiner	Examiner	Immedieta Cause (Final disease or condition resulting in death) Sequentially list conditions.	•	e. Alla	Due to	or on as a consequence of as a consequence of the c	uence of):	ovostu	lur	diseas	se	
to to the section of	5 0 0	edicai	Sequentially list conditions, if eny, leeding to immadiate ceuse. Enter Underlying Ceuse (Disease or injury thef Initiated events resulting in deeth) Last	{	c		or es a consaqu						
	the atte	Physician/M	Part II. Other significent con-	ditione co	ntributing to de	eth but not re	sulting In tha un	darlying ceuse giv	ven In Part i,	23b. Did	tobecco use co	entribute to	the cause of deati
that the d	3 6	by Phy								10	Yes 2 No	3 ☐ Prot	pably 4 Unknow
or Attending Physician. The law requires	28 5	Completed b								perfe	en eutopsy ormed? hal	ava	ere eutopsy findings allebie prior to mpletion of ceuse deeth?
all.	pa ate									12	Yas 2□No	15	Yes 2□ No
Physician.	this certificate ral director, pag	To Be	25. Was case referred to med axaminer? 1) Yes 2 □ No		Hospitei:	nationt OF	TER/Outpetient	20 DOA Oth	26. Plece of Das			(0)/	
Attending Phy	eth. r: After this ie funeral d		27. Mennar of Deeth 1 ☐ Naturel 5 ☐ Per	nding estigation	28e. Date of		28b. Time of Injury	28c. Injur Wor		oma 5X Resi 28d. Describe	dence 6 ∐Ott how Injury occur		/)
al or Atte	# TE	Certification:		uld not be ermined	28e. Piece o building	of Injury - At I g, etc. (Spec	nome, farm, stre	et, fectory, office		28f. Location (City or To		ber or Rura	l Route Number,
To the Hospital	24 hours Funeral eletely filled	edicai	29a. Certifier 1 Certi (Check only one) 1 Medi	fying Phys cal Exami	sician: To the base	sis of exemin	owledge, deeth etion end/or inve	occurred at the tinestigation, in my o	ne, dete end plece pinion, deeth occu	, and due to the rred et the time,	ceuse(s) end m dete end piece,	enner es st and due to	eted. the cause(s)
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		-	20 Name and add	U	~~	-4		14-10	O.C.M	· E •	JULY	11,	1990
			30. Name and address of personal David	18	ompleted cause	of deeth (Ite	m 23e) (Type, F 111 Pe	enn Str	eet, Ba	ltimor	e, Mar	ylan	d 21201
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				State of	i Marylan		irtment of I tificate of			ental Hy	giene Reg. No.	96	20946
	Diameter.		1. Decedent's Neme (First, Middle	Last)						2. Dete of De		Wash	3. Time of Deeth
	Physici /Medi		Irene G.	Staude						Month July 8	Dey 1996	Yeer	12:24 P.M
	Examir		4e. Fecility Neme (If not institution, 1053 Genine Dri		nber)			4b. City, To	wn, or Lo	cation of Deet	h 4c. Coun	ty of Deeth Arun	del
	Funeral Director		5. Sociel Security Number 523-30-3163	6. Sex 1□ M 2⊠ F	7. Age (In yrs. 74	lest birthday) Yrs.	If Under 1 Year Months Deys	if Under Hours	24 Hrs. Min.	8. Dete of Bir (Month, De August	th ay, Year) 19, 2	9. Birthp Coun	elece (Stete or Foreign etry)
	P .		Usuel Residence of Decedent 10e. Stete 10b. County		100 00	y, Town or Loc					•		
	ter deeth with the Marylan items 23a or 28a-f ehow ner must be notified at	5	Maryland Anne A	rundel		n Burn:						1	0d. Inside City Limits 1 ☐ Yes 2 ☑ No
	he N	Director	10e. Street end Number	- and -	010.	n Darii.							
	with with	급		***			10f. Zip Code				10g. Citizen of		
	eeth	era	1053 Genine Dri		dent Ever in U,	S 13 W	21060	dienania Or	inin? (Cna		United	State	
Maryland 21215-0020	n 72 hours after deeth with the Maryland "natural", or items 23a or 28s-f show estical Expresses must be notified at	by Funeral	1 Never Married 2 Marrie 3 Widowed 4 Divorced	Armed For	ces? 2X No e		Ves Decedent of Programmer Ves, specify Cub			Rican, etc.)	Spec	eck, White,	
ō.	2 hou		15. Decedent's	Education		16e. Deced	ent's Usual Occup	petion			16b. Kind of I		
215	S 1.8	Completed	(Specify only highest Elementery/Secondery (0-12)	grade completed) College (1:	-4or 5+\	(Give) life. D	and of work done ONOT use retire	during mos d)	t of workir	ng			
21		P.	12	Conege (1	401 31)	Store	Manager				Retail		
pu	be filed ntal Hygid d other event, n	Be	17. Fether's Neme (First, Middle, L	ast)				18. Mothe	er's Neme	(First, Middle	, Maiden Surne	me)	
yla	should be and Mental marked or umatic eve	ပ	Bert Goggans					Min	nie (Carter			
lar			19e. Informant's Neme/Reletionsh			19b. Mailin	g Address (Street	end Numb	er or Rure	Route Numb	er, City or Town	n, Stete, Zip	Code)
	CENL		Henry A. Staude	Husband			Genine	Drive	, Gle	en Burn			
altimore,			20e. Method of Disposition 1 ☐ Buriel 2 ☑ Cremution	B □ Removel from S		lece of Dispos emetery, crem	ition (Neme of etory or other pla	ice)		Dete	20c. Location	- City or To	wn, Stete
E	Peg ment ant: lury		4 □ Dorlation 5 □ Other (So		Met	ro Cre	matory,	Inc.,	Jul	y 9, 9	6 Caton	sville	e, Maryland
Bal	permit. Peges Depertment of Important: If i any Injury or once.		21. Signature of Eunaral Service L	consed LL	L.		Name end Addre rkley-Ru l Crain					e, MD	21061
1			23a. Pert1. Enter the disease, or o shock, or heart feilure. List o	omplications that can	used the deeth	Do not ente	r the mode of dyl	ng, such es	cardiac o	r respiretory e	rrest,		Approximete Intervel Between
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	_			mo			00	NOS	7	Onset end Deeth
		- e			Due to (o	r es a consequ	ience of):	000	2	2-0	000		
	ured	Examiner		b . O	6NO	8025	5) (731	ce	VU L	677	1	
Ć	exec in an	Exa	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury		Due to (or	r es e consequ	ienca or):					1	
8760,	death certificate be executed ettending physician and ad for use as the buriel-transit	dicai	ruef unrigred exemp	c	Due to (or	es e consequ	ence ofl:						
9		edi	resulting in deeth) Lest		10) OJ 60CI	es e consequ	erice ory.						
Box	n certification of the second	2		d									
	thet the death certif ed by the ettending deteched for use a	Physician/Me	Pert II. Other significant condition	a contributing to de	ath but not resu	ulting In the un	deriving cause of	ven in Pert I		23b. Did	tobacco usa c	ontribute to	the cause of death?
0	by th	hys		- oorining to do	atir but not 1000	atting in the dir	donying oddoo go	VOIT III T OTC	•		Yes 2 No		pebly 4 Unknown
ď.		by P											,
Vital Records,	been s	Completed									en eutopsy ormed?	eve cor	ere autopsy findings eilable prior to mpletion of cause deeth?
č	0 - 5	E O								10	Yes 2½ No	1]Yes 2□ No
ita		Bec	25. Wes case referred to medical					26. Plece	of Deeth	(Check only	one)		
>	5 00	To	examiner? 1 ☐ Yes 2 ② No	Hospitel: 1 ☐ In	patient 2	ER/Outpatient	3□ DOA Oth	205			dence 6 00	her (Specify	()
1 0	g Ph		27. Menner of Deeth	28a. Dete o	f Injury n, Dey Year)	28b. Time of Injury	28c. Inju	ry et	2	8d. Describe	how injury occu	rred	
Ö	Attending or death.	atlo	1 ☑Neturel 5 ☐ Pending 2 ☐ Accident Investigation	tion	, 50, 100,	injury		Yes 2□	No				
Division		Certification:	3 ☐ Suicide 6 ☐ Could no determin	ed 286. Piece	of Injury - At ho g, etc. (Specify	me, ferm, stre	et, factory, offica		2	8f. Location (City or To		ber or Rure	I Route Number,
9	led le		0										
0	to the Houtel or Main 2 Four effe To the Funeral Dir completely filled in	edical	29e. Certifier (Check only one)	tion: To the terminar: On the base	pest of my know sis of examinet er steted.	vledge, deeth ion end/or Inve	occurred et the tile estigetion, in my o	me, dete en opinion, dee	d pleca, e	nd due to the d et the time,	ceuse(s) end m dete end plece	enner es st , and due to	eted. the ceuse(s)
_	To To moo	Σ	29b. Signeture end title of conflict	X			29c. Licens	se number			29d. Dete sign		Dey, Yeer)
			/XXX	11)4			6 YC	518			7-8.	-96	
	4		30. Neme end eddres:	pleted cause	of deeth (Item	23a) (Type, F	Print)					- ,	
				M.D., 757	5 Ritch	nie Hwy	., Glen	Burni	e, M	aryland	21060		
	Sta Registr		31. Date filed (Month, Dey, 1947) JUL 1 5 1996	Julia Savid	n-Anda	200							

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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29d. Data signad (Month, Day, Yaar)

JULY

11, 1996

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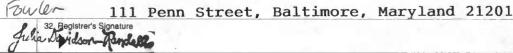
											Reg. No.		
Physic /Medi		1. Decedent's Neme (First, Middle ROBERT SELTA		SUN	DERLAN	D	15	-11		2. Dete of De Month JULY	Day	Year 1996	3. Time of Death 1326 P.
Exami		4e. Fecility Name (If not institution, 3341 BEECH A		number)				4b. City, To		cation of Deet	th 4c. Count		
neral ector			6. Sax		yrs. last birthday) If Unde Months	r 1 Yaar Deys	If Undar			rth av. Year) 7, 1926		lace (Steta or Foraig stry) ryland
11		Usuel Residence of Decedent 10a. State 10b. County		100	c. City, Town or L	ocation.							0d. Inside City Limits
Fed	tor	Maryland N/A	Δ		Baltimo	re							NEYYes 2□ No
67101	Director	10e. Straet and Number				10f. Zij	p Code				10g. Citizen of	Whet Coun	itry?
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Exansher must be notified at	by Funeral	11. Meritel Stetus XXNever Marriad 2 ☐ Marria 3 ☐ Widowad 4 ☐ Divorced	ed XXY	Decedent Ever d Forces? as 2 No , Give or Dates:	in U,S. 13.	Was Dece If Yes, spe 1 Yes			gin? (Spo , Puerto	ecify Yas or No Rican, etc.)	o- 14. Re Bla Specil	ce - Americ ick, White,	
olical Exa	ted	15. Decedent' (Spacify only highest	s Educetion	ed)	16e. Dece	edent's Usu	el Occu	petion	of work	ina	16b. Kind of B	Business/Inc	dustry
De M	Completed	Elamantary/Secondery (0-12) 8th	Collag	ga (1-4or 5+)		erk	ise retire	during mos	Of WORK	iiig	Maryla: Vehic		
atic event,	To Be	17. Fether's Neme (First, Middle, L Albert L	,	rland				18. Mothe		e (First, Middle nel Bly	e, Maiden Sumer e Lowe	ma)	
aumatic		19a. Informant's Neme/Reletionsh	nip (Type, Print)								er, City or Town		
other tr		Cynthia Kowales	wski (N					Road,	Bal		, Maryla		
ury or othe		20e. Method of Disposition X Buriel 2 □ Cremetion 4 □ Donetion 5 □ Other (Sp	3 □Removel frecify)		Ob. Placa of Disp cemetery, cra Woodla	matory or o	other pla		7	Dete 7/13/96	20c. Location Baltin		
any injury or		21. Signetura of Funaral Service L	icensae	10				ess of Fecilit					
- 6 0		a. aller	r Dei	5. h		3818	Ro1	and Av	enue	. Balt	al Home imore, l	Md 21	211
ian cai	k	23e. Pent1. Enter the disease, or a shock, or heart feilure. List of immediate Ceusa (Final disease or condition rasulting in death)		perter		3818 Inter tha moo	Rola da of dy	and Aving, such es	enue cerdiac	e, Balt or respiretory e	imore, l		211 Approximete fnterval Batween Onset end Death
ian icai ner	ical Examiner	Immediate Ceusa (Finel disaase or condition rasulting in daath) Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Undarlying Ceuse (Disaasa or Injury thet Initiated avents		perlen Due	daath. Do not er	3818 hter tha mod requence of):	Rolida of dyi	and Aving, such es	enue cerdiac	e, Balt or respiretory e	imore, l		Approximete fnterval Batween
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29c. Licansa number

O.C.M.E

State Registrar 31. Dete filed (Month, Day, Yeer)

JUL 1 5 1996



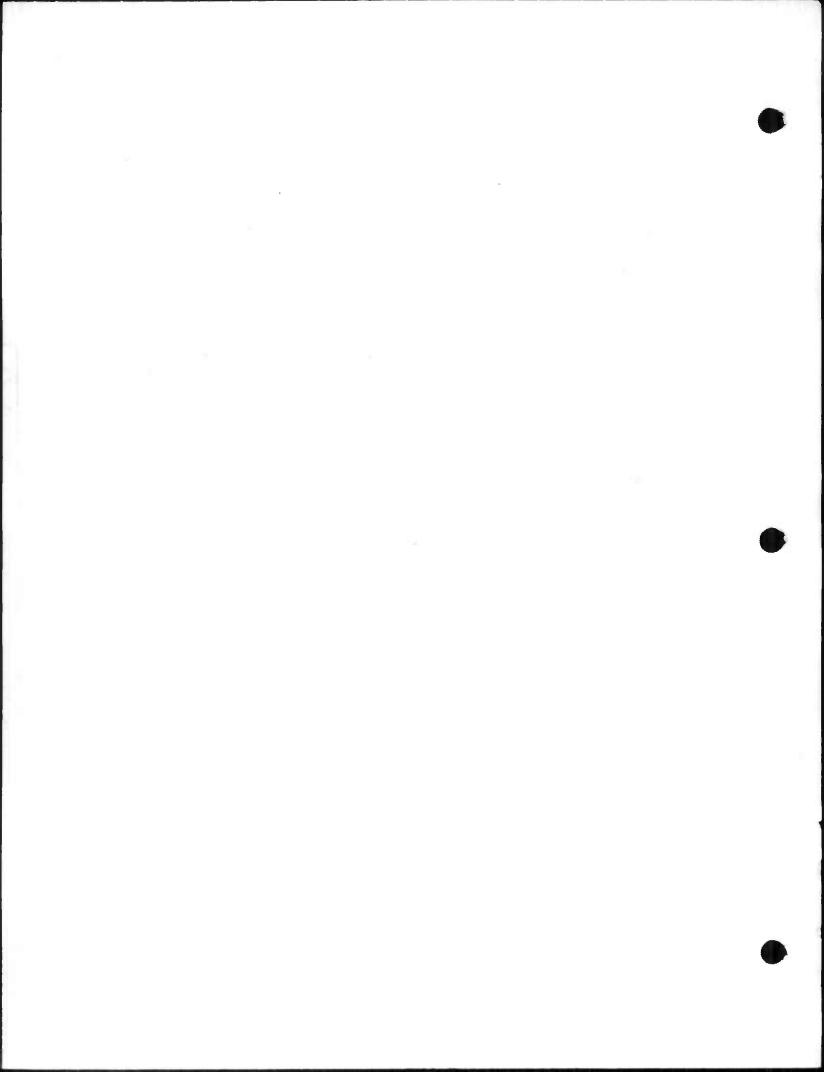
30. Neme end eddrass of person who completed cause of deeth (Item 23e) (Type, Print)

II g SSp nII and the same of the same of

WITA RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PRINCE THE MACHINE THE CARD CARD CARD CARD CARD WITHIN 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After the function of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 75 buris after death	ed, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
N RECORDS	Use mouries that the d	the best signed by the	23 shows any injur
F VITA	å,	Tiffcate 2	or Item
O'N	NG PI	fler, the	marked
DIVISION	ATTENDI	CTOR: At	MPORTANT: If item 28 is marked
0	AL OR A	AL DIRE	If item
	HOSPITA	FUNERA	TANT
	TO THE	TO THE	IMPORTANT: 1

DIVISION

	1 - STATE OF MARY	LAND / DEPARTMENT CERTIFICAT	T OF HEALTH AND MI E OF DEATH	ENTAL HYGIENE REG. NO.	
1	1. DECEDENT'S NAME (First, Middle, Lest)		1	. DATE OF DEATH	3. TIME OF DEATH
Ì	Lenore Scha	ch Tierney	7	July 11.	1996 9:25 p.M
			R t YEAR IF UNDER 24 HRS. 7	DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	212-32-4722 1□M2XF	81 YRS.		June 2, 191	
~	9a. FACILITY NAME (If not institution, give street and number)		Y, TOWN OR LOCATION OF DEAT	н	9c. COUNTY OF DEATH
10T	Charlestown Care Cente	r	Catonsvill	e	Baltimore
EC	10a, STATE 10b, COUNTY	10c. CITY, TOWN	OR LOCATION		10d, INSIDE CITY
DIRECTOR	Maryland Baltimore		Catonsvill	0	LIMITS? 1 ☐ YES 2 ☑ NO
AL	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	715 Maiden Choice Lane	PV608	21228		USA
J.	11. MARITAL STATUS 1 Never Married 12. WAS DECEDENT EVER FORCES? 1 YE	IN U.S. ARMED 13.	WAS DECENDENT OF HISPANIC If yes, specify Cuban, Mexican, I	ORIGIN? (Specify Yea or	
ВУ	1 Never Married 2 Married FORCES? 1 YE 3 Wildowed 4 Divorced IF YES, GIVE WAR OR		1 ☐ YES 2 NO Specify:	-bento Hican, etc.)	Specify:
	15. DECEDENT'S EDUCATION	18a. DECEDENT'S USUAL O	ACCURATION.	The way as much	White
	(Specify only highest grade completed) Elementary/Secondary (0-12) Cotlege (1-4 or 5+)	(Give kind of work done life. Do NOT use retired.)	during most of working	16b. KIND OF BUSIN	ESS/INDUSTRY
7	5 +	Teacher		Privata	School System
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	,		(First, Middle, Malden Sur	
BE 0	Oscar Schach		Ann	a Luers	
0	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRES	S (Street and Number or Rural Roun	te Number, City or Town, S	State, Zip Code)
-	William Joseph Tierney,III/so	n 8894 W. C	Cornell Place	Lakewood,	Colorado 80227
		b. PLACE AND DATE OF DISPOS emetery, crematory or other place)		DATE 20c. LOCAT	TION — City or Town, Stata
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Dawn F.	laney Valley	Memorial Garden	\$ 7/90 111	monium, MD
	Laura Jage ()	FIG DOLLSOLD 1 22.	acNabb Fune	IY	. P.A.
	DWIST IVE Sono	M = 3	01 Frederic	k Road Ba	Itimore MD 21228
	23. PART I. Enter the diseases, or complications that cause chock, or heart failure. List only one cause on	ed the deeth. Do not enter	the mode of dying, auch a	s cerdiec or respirat	tory arreet, Approximata Interval Batween
	IMMEDIATE CAUSE (Finel disease or condition	1ENTIA			Onset and Death
	resulting in death)	A CONSEQUENCE OF):			YEARS
z		,			
10	Sequentially list conditions, if eny, leading to immediate	A CONSEQUENCE OF):			
S	CAUSE (Disease or Injury				
TE	that initiated events resulting in death) LAST	A CONSEQUENCE OF):			
CERTIFICATION	d				
AL (PART ii. Other significent conditions contributing to desth	but not resulting in the ur	nderlying cause given in Par	t I. 24e. WAS AN AUT	
DIC				1 TES 2	ANAILABLE PHION TO
ME				_ - 7	1 TES 2 NO
ž	DID TOBACCO USE CONTRIBUTE TO CAUSE				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATN (Check			
¥	1 YES 2 NO 1 Inpatiant 2 ER/Ou 27. MANNER OF DEATH 28a. DATE OF INJUM	tpatient 3 DOA 4 Nur	sing Nome 5 Residence 8		
	1 Natural 5 Pending (Month, Day, Year)	INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	d. DEŞCRIBE NOW INJU	JRY OCCURED
BÝ	2 Accident Investigation 3 Suicide 8 Could not be 28s. PLACE OF INJUI	IY — At homa, farm, atreet, fact		f. LOCATION (Street and	Number or Rural Route Number,
COMPLETED	4 Nomicide determined building, atc. (Sp	acify)		City or Town, State)	
7	29a. CERTIFIER (Check only	wiedge, death occurred at the t	lime rists and place, and due to t	the squarfe) and manner	
M	one) 2 MEDICAL EXAMINER: On the beels of examinet	on and/or investigation, in my o	opinion, death occured at the time	e, data and place, and d	us to the cause(s) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBE		9d. DATE SIGNED (Month, Day, Year)
BE C	Mind V. Namo		D447	48 1	JULY 17 1991
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D		0	0	7,7,7,6
	MATTHEW J. NARRETT	711 MAIDE	N CHOICE LA	WE CATO	NSVILLE, MD
	31. DATE FILED (Month, Pey Year) 32. REGISTRAR'S SIG	n-fandell			
	, , , , , , , , , , , , , , , , , , ,	The Party of the P		<u> </u>	



ITEMS: 6. & 12 PER F'.H. FILM G-737 7/16/96 t.t

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

2	0	9	4	9
-	U	1	7	1

Physician /Medical Examiner

Funeral

Director

Funeral

by

Completed

Director 28a-f show ŏ Items 23a "natural", or

permit. Pages 1 and 2 should be filed within.
Department of Health and Mental Hygiene.
Important: if I tem 27 is marked other than any Injury or other traumatic.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

Examiner Physician/Medical P.O. Box 687 The law requires that the death Records, þ Completed page 2 s Division of Vital Be Certification: To

Hospital or Attending Physician: 24 hours effer death.
Funeral Director: After this certifica stelly filled in by the funeral director. 24 hours To the Hosp within 24 hou To the Funer completely fil

1. Decedent's Nema (First, Middla, Last) 2. Dete of Death 3. Time of Deeth Month July Townes 1996 0330 114a. Facility Neme (If not institution, give street end numbar) 4b. City, Town, or Location of Deeth 4c. County of Death University of Maryland Medical System Baltimore NA If Under 1 Yaar | If Under 24 Hrs. | 8. Data of Birth
Months | Davs | Hours | Min. | (Month, Day, Year) 7. Age (In yrs. lest birthdey) Birthpleca (Stete or Foreign Country) XXM ZGIF April 23,1928 68 214-24-0016 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No Baltimore MU NA 10e. Street end Numbar 10f. Zip Code 10g. Citizen of Whet Country? 2/229 823 Parkway 4. S.A Wildwood 12. Was Decedent Ever In U.S. Armed Forces? 100 Yes 2 No If Yes, Give Yeer or Dates; 13. Wes Decedent of Hispanic Origin? (Specity Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 11. Marital Status 1 Never Merried 2 Married Specify: Black 1 Yes 2 No Specify: KOREAN 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greda completed) 16b. Kind of Business/Industry WESTERD maryland Elementary/Secondary (0-12) College (1-4or 5+) 9th grade Transportation 17. Fathar's Name (First, Middla, Last) 18. Mothar's Name (First, Middle, Meiden Sumame) Vance huella 10wn es 19e. informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) wife Hona Parkway Batte My 21229 lownes Wildwood 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other pleca) 20c. Location - City or Town, State Dete edar 7-15-96 Hill Cenetery 4 □ Donation 5 □ Other (Specify) 22. Name end Address of Fecility 21. Signature of Funeral Service Licensea - F. H take Wabash 4300 Avenue Baltond 21215 23a. Pen'l. Enter tha tisaase, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiretory arrast, shock, or heert feilure. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth Immediata Cause (Finel diseasa or condition resulting in death) 5 Days Subdural Hematoma Due to (or es e consequence of): 5 Days Brainstem Injury Sequentially list conditions, if eny, leeding to immadiate cause. Enter Underlying Ceuse (Disease or Injury that initiated evants resulting in deeth) Lest Due to (or es e consequence of): Due to (or as a consequence of): Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco uee contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☑ Probably 4 ☐ Unknown Metastatic Lung Cancer 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy parformed? 1 Yes 2 No 25. Was case referred to medical 26. Plece of Deeth (Check only one) Hospital: 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 27. Menner of Deeth 28e. Dete of Injury (Month, Dev Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 5 Pending investigation 1 Neturel 1 Yes 2 No 2 Accident 6 Could not be determined 28e. Plece of Injury - At home, ferm, straat, factory, office building, etc. (Specify) 3 Suicida 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 29a. Certifier 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted. (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred et the time, date and piece, and dua to the causa(s) end menner stated. 29b. Signature and title of certifie 29c. License number 29d. Dete signed (Month, Day, Year) P10036 July 11,1996

DHMH 16 Rev 6/95

State

Registrar

e end eddress of person who complete

barbara

JUL 1 5 1996

31. Dete filed (Month, Day, Year)

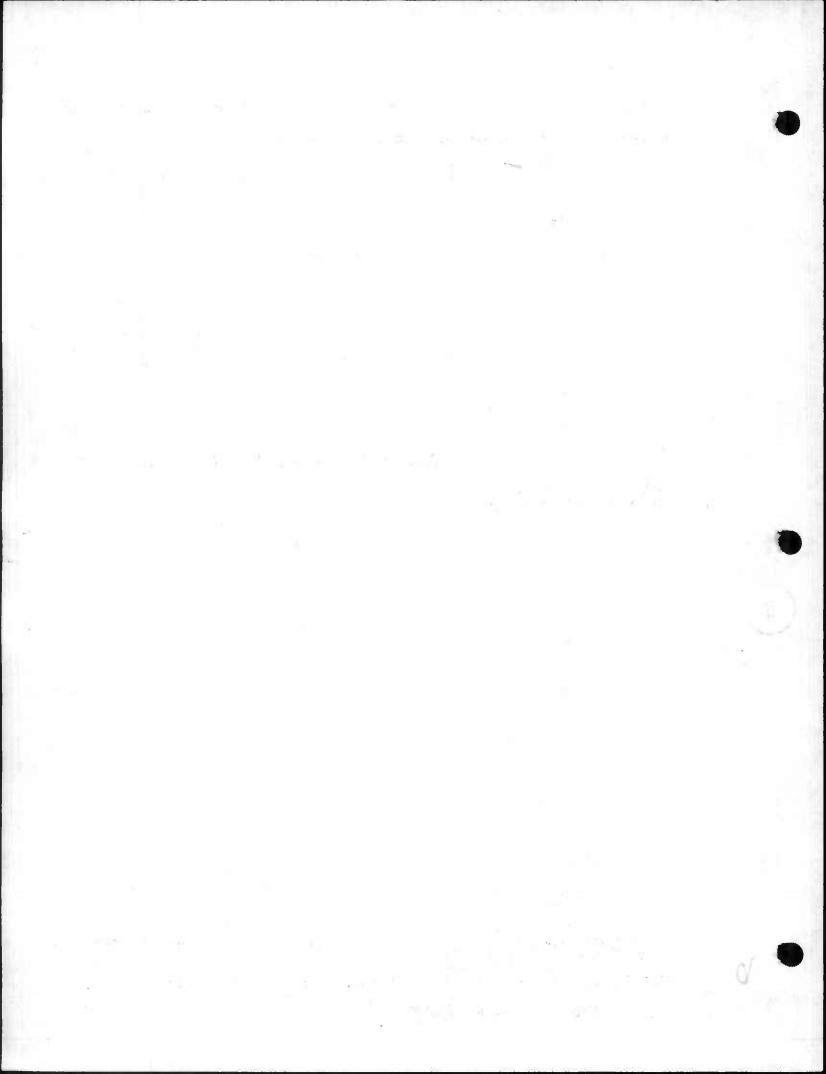
of death (Nem 23a) (Type, Print)

22 South Greene Street, Baltimore Maryland

0210

32. Registrar's Signeture

a widson-Randell

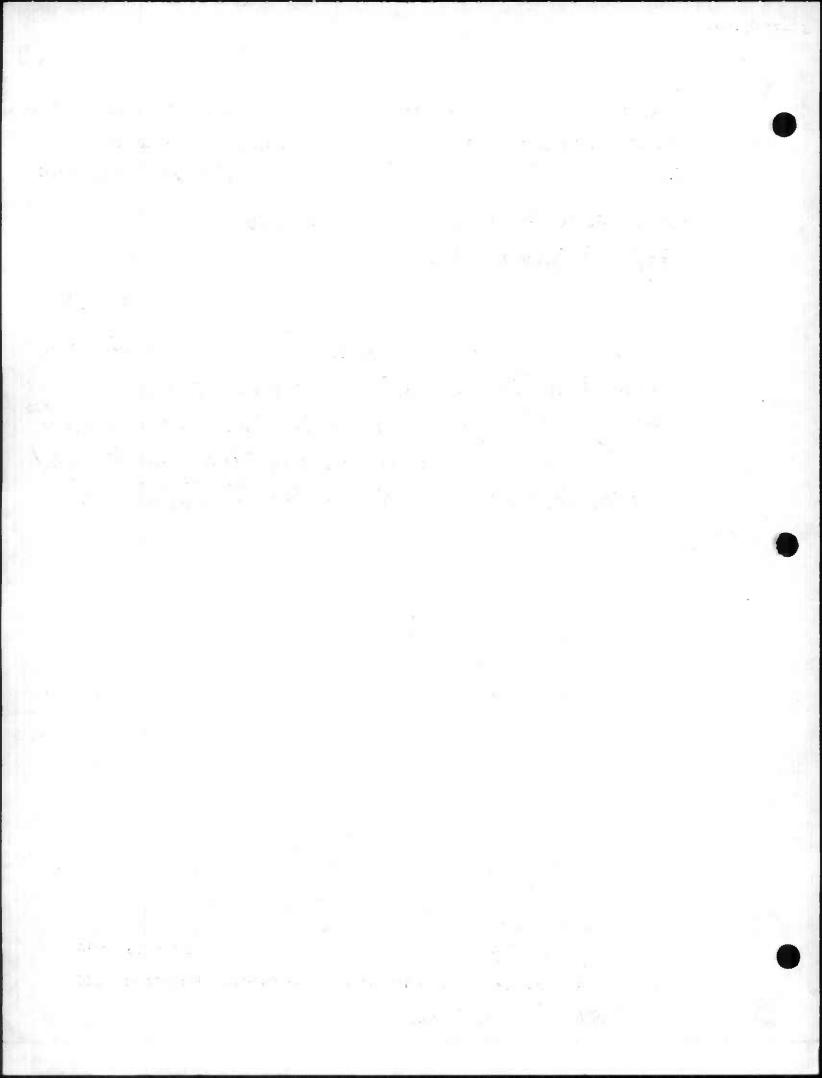


State of Maryland / Department of Health and Mental Hygiene

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Dhyalalar										
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Physiciar /Medica		HUBERT	TH	BODEAU	UX		JULY		996	9:17 A
Examine	_	4e. Fecility Nama (If not institution, giva st	reet and numbar)			4b. City, Town, or I	Location of Deat	h 4c. County	of Death	
		FREDERICK HEALT	TH CENTER			FREDERI	CK	FRED	ERIC	K
Funeral		5. Social Sacurity Number 6. Sax	7. Aga (In yrs.	last birthday)	If Undar 1 Year	if Undar 24 Hrs.		1	9. Birthpi	laca (Stata or Forai
Director		111-62-5805 121	M 2 F 3/	Yrs.	Months Days	Hours Min.	(Month, De	ay, Yaar) —	New	try)
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and C	E E	Elementary/Secondary (0-12)	College (1-4or 5+)	lifa. De	O NOT use retire	d)		1.	154	and in
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marked other Imatic event, To Re C.	9	17. Fathar's Name (First, Middla, Last)				18. Mothar's Nan	ne (First, Middle	, Maidan Sumer	na)	
	0	KUBERT M.	Thibode	aux		Thlen	NA J	ackon		
7 is marked of traumatic every		19a. Informant's Name/Relationship (Type			Address (Straat	and Numbar or Ru	ral Route Numb	er, City or Town	Stete, Zip	Coda) 1157
5 5		Hubert M. Th.	bodeaux	119	W Ce	Lonni	11.1	Me.	Posev	elt. NU
itam 27 other tr		20e. Mathod of Disposition	20b. I	Place of Disposi	ition (Nama of	71-071	Data	20c. Location		
		1 Burial 2 Cramation 3 Rer	movai from Stata	cematary, crama	atory or other place	Ce)	7/15/0	1011.	2.11	2. m
mportant: If any injury or	-	4 Donation 5 Other (Specify)	,	Metr	CREN	natury!	113/96	(0401	-	11110
Importar any inju		21. Signature of Funaral Sarvice Licensaa	1/1	22.	Nama and Addre	ess of Fecility	FI 1	1922 7	Lores	TDR.
12 6 0		Charles	HICKS	1 %	touse of	- WICKS	14 9	An napa	15,1	nd.
5.5		23a. Part1. Enter tha disaase, or complica shock, or haart failura. List only ona	ations thet caused tha dae	th. Do not antar	r the mode of dyir	ng, such as cardiac	o respiretory a	rrast,		Approximata
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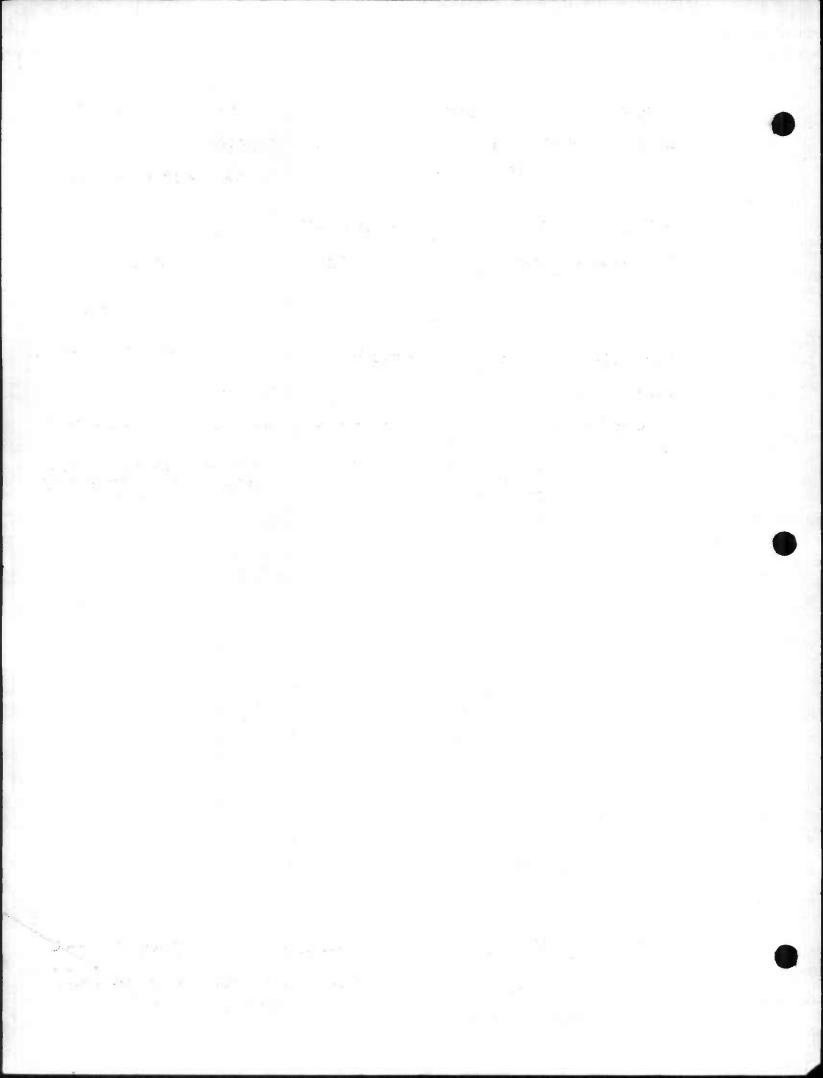
State of Maryland / Department of Health and Mental Hygiene

FTLM q-737 7/26/96 t.t Certificate of Death 1. Decadant's Nama (First, Middla, Last) 2. Dete of Death 3. Time of Death Month Year **Physician** 8, 1996 4c. County of Death ELENA 21 :37 pm TALBOTT JULY /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death Examiner UNION MEMORIAL ER BALTIMORE CITY If Under 1 Year if Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthdey) **Funeral** Days Hours 1□M 2▼F 212-46-1684 Yrs. Director 14 1948 MARYLAND Usual Residence of Decedant the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylan Department of Heelth and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Modical Examinat must be nothed as 1 Yas 2 No Director MARYLAND N/A BALTIMORE CITY 10f. Zip Coda 10g. Citizan of What Country? Funeral U.S.A. 14. Rece - American Indien, Black, Whita, atc. 3305 Richmond Avenue 21213 Was Decedant Evar in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puerto Rican, atc.) 1 ☐ Yas 2 No If Yas, Giva Year or Datas: 1 □ Navar Married 2 □ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced BL ACK Completed Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highest grede completed) Eiamantary/Secondary (0-12) Coilaga (1-4or 5+) Coppin State College Counselor 12th grade 4 yrs 17. Father's Neme (First, Middla, Last) 18. Mother's Name (First, Middle, Meiden Sumama) Be Arthur Worley Mable Worley 19a. informent's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) Mable Worley/Mother 3826 N. Rogers Avenue, Baltimore, Maryland 21207 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, crematory or other plece) 20c. Location - City or Town, Stete XXBurlai 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) 7-12-96 Baltimore, Maryland King Memorial Park 22. Name end Addrass of Fecility WILLIAM C. BROWN COMMUNITY F/H 21. Signetura of Hunarai Sarvice Liganisae 1206 W. NORTH AVENUE 23e. Pert1. Entar tha disaase, or complications that causad tha daath. Do not antar tha moda of dying, such as cardiac or raspiratory errast, shock, or haart tellura. List only ona causa on aach line. Approximata Intarval Batween Onset and Death **Physician** /Medical immediata Causa (Final CARDIAC ARRHYTHMIA diseasa or condition resulting in daath) Examiner Dua to (or es a consequance of): Examiner physician end s the buriel-transit Sequantially list conditions, if any, laading to immediata causa. Entar Undarlying Causa (Disaasa or injury that initieted events rasulting in death) Lest Dua to (or es e consequance ot): Box 68760 Physician/Medical Due to (or es e consequance of) 950 Part it. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? Records, P.O. 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 2 24b. Were autopsy tindings available prior to completion of causa of death? 24a. Was an autopsy performed? Completed peed 1 □ Yas 2 □ No 1 □ Yas 2 □ No certificete Division of Vital Attending Physician: 25. Was casa retarred to madical Be 26. Piaca of Daath (Check only ona) Othar: 4 Nursing Homa 5 Residance 6 Othar (Specify) 1 Yas 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Data ot injury (Month, Day Year) 28c. Injury at Work? Certification: 27. Mannar of Death 28b. Tima of 28d. Dascribe how injury occurred After 1XX Naturai 5 Panding After deeth. Director: Aft 1 TYes 2 □ No 2 Accidant invastigation 6 Could not be datermined 3 Sulcida 28a. Place of tnjury - At homa, farm, streat, tactory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stata) 4 Homicida edical 29a. Cartifiar 1 Certifying Physician: To tha best of my knowledge, daeth occurred et the tima, data and place, and dua to the causa(s) and mannar as stated. (Check only one) 2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29b. Signeture and title of certifiar 29c. Licensa number 29d. Data signed (Month, Day, Year) 7 × 10 JULY 11, 1996 DCME 30. Nama and address of person who completed cause of deeth (Item 23e) (Type, Print) 111 PENN STRUCT BALTIMORE, MARYIND 31. Data tiled (Month, Dey, Yeer) 32. Registrar's Signatura State

who Davidson-Randell

DHMH 16 Ray 6/95

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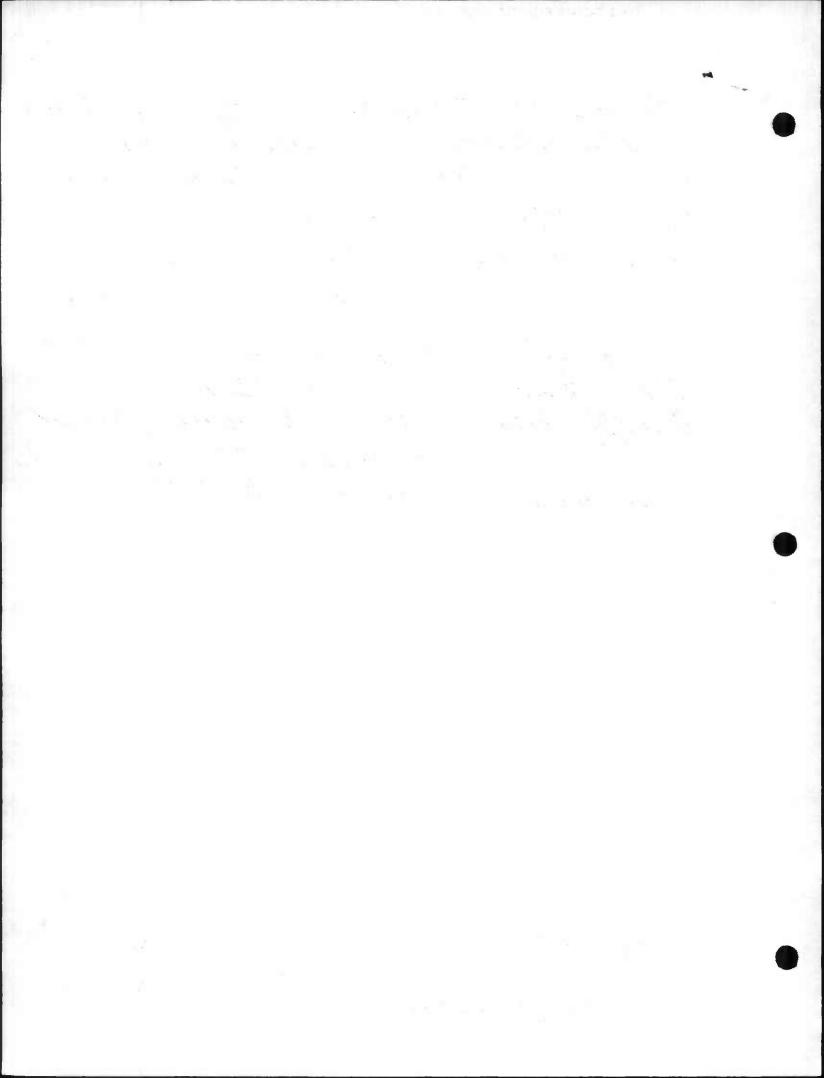


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ч	/Medi		Mozelle Mozell THOMPSO	JY1 J	uly 3	1776 1.00,719
á	Exami	ner	4e. Fecility Name (If not institution, give street and number) 2702 11064 HUENUE	4b. City, Town, or Loc	ation of Deeth 4c.	County of Death
	Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. last birthday)	Under 1 Yeer If Under 24 Hrs.	8. Dete of Birth	9. Birthplece (State or Foreign
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	dand want		Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location	on, ,	7	10d. Inside City Limits
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	ours after death with the Maryland al., or Items 23s or 28s-f show Exercitor mark be notified at	Funeral Director	10e. Street end Number	Of. Zip Code	10g. Citiz	zen of What Country?
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0		Fun	Armed Forces? If Ye	Decedent of Hispanic Origin? (Specs, specify Cuban, Mexican, Puerto F	ican, etc.)	Rece - American Indien, Bleck, White, etc.
5-0020	72 hours aftar natural', or He	by	3 ₩idowed 4 Divorced If Yes, Give Yeer or Detes:	Yes 2 No Specify:		Specify: Black
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Ma	2 2 2 2		19a, Informent's Name/Reletionship (Type, Print) 19b. Meiling A	ddress (Street and Number or Rural	Route Number, City of	Town, State Zip Gode)
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Balti	permit. Page Department o Important: If I any Injury or		21. Signature of Funeral Service Licensee 22. Ne	me and Address of Fecility	9 TMAN- H	Invistinua Hone
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1	Dhusisian		23a Part. Enter the disease, or complications that caused the deeth. Do not enter the shock or heart tailure. List only one cause on each line.	e mode of dying, such es cardiec or	respiratory errest,	Approximete Intervel Between Onset and Death
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orc	w requires that been signed t should be dat	Completed	Chronic molnutition	, COPD	24a. Wes en autop- performed?	sy 24b. Were eutopsy findings evelleble prior to completion of cause
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itai	ysician: The list cartificata he director, paga	Be Co	25. Wes case referred to medical	26. Plece of Death		No 1 Yes 2 No
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Division of Vitai Records,	Ing Pt		27. Menner of Death 1 ☐ Neturel 5 ☐ Pending 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury	Work?	d. Describe how injury	occurred .
risio	daath ctor: /	ficat	3 Suicide 6 Could not be 28e. Place of Injury - At home farm street	M 1 ☐ Yes 2 ☐ No	Bf. Location (Street and	d Number or Rural Route Number,
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	t hour uners	edical	29e. Certifier (Check only 1 ☐ Certifying Physician: To the best of my knowledge, deeth occ 2 ☐ Medical Examiner: On the basis of examination end/or investi	curred et the time, date end plece, er	nd due to the cause(s)	end menner as steted.
	To the Hospital or Attending Physician: Within 24 hours after death. To the Funeral Director: After this cartifical complataly filled in by the funeral director.	Medi	one) and menner steted. 29b. Signeture and title of certifier	one therein malls	004 5-11	atana di dida di Bara Manda
	7. ¥ 7. 8		A Signature and title of certifier MD	29c. License numbar D - 38 754	7-5	e signed (Month, Day, Year) 96
	3		30. Name and address of person who completed cause of death (Item 23a) (Type, Print			
	_		30. Name and address of person who completed cause of death (Item 23e) Type, Print MALIKA F. WASEEM (100 N SRO)	ADWAY, BALT	IMORE, 1	MD - 21231.
			31 Date filetti/Month Rev 4/2/10			

Registrar



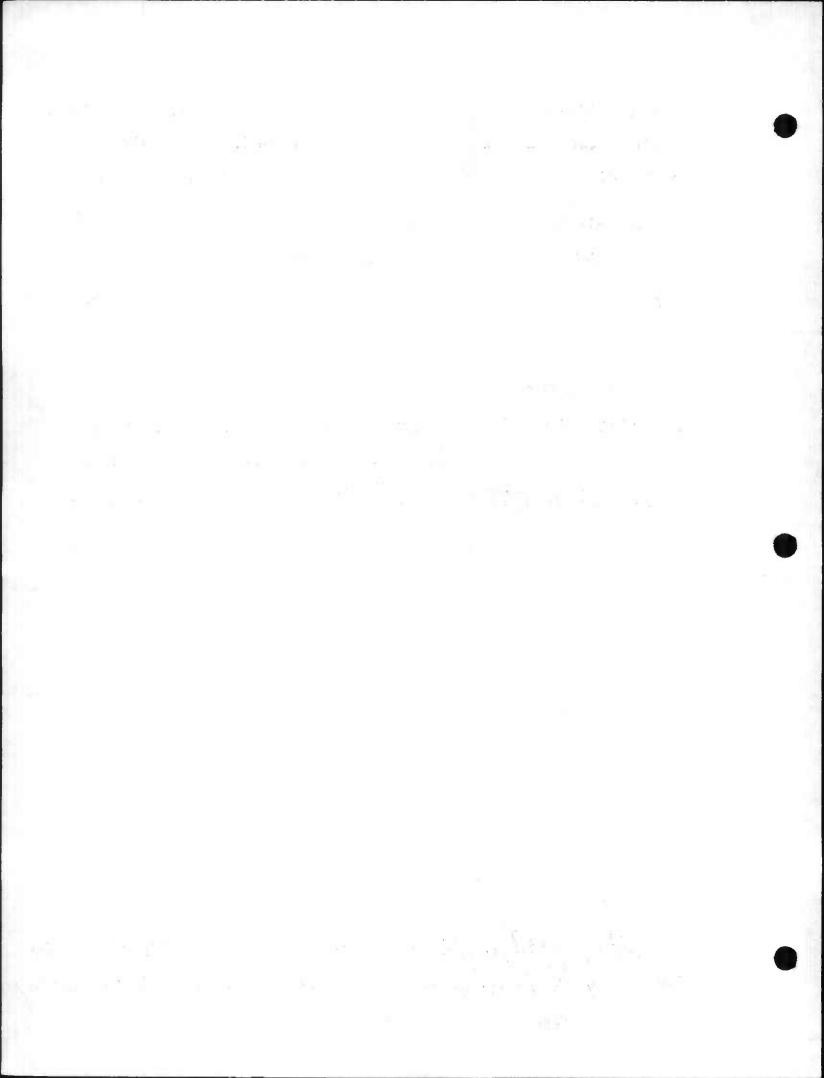
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State of Maryland / Department of Health and Mental Hygiene

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Ī	Funeral Director		5. Social Sacurity Number 6. 261-09-9495		Aga (In yrs. la 96	st birthday) Yrs.	If Under 1 Months	Yeer	If Undar		8. Data of Bir (Month, Di 1/6/1	th uy, Year)	9. Birth	place (State or Foreign http) DRDIA
	e Maryland	ctor	Usual Residence of Dacedant 10e. State 10b. County MARYLAND HOWARD			Town or Lo	cation						1	10d. Inside City Limits 1) Yas 2 □ No
	23e or 20	al Director	10e. Street end Number 13706 ENGLEMAN D	R.			10f. Zip (0708			10g. Citizen of	What Cou	ntry?
020	be filed within 72 hours efter death with the Maryland stall Hygiene. Id other than "natural", or leans 23a or 28a-f ahow event, the Medical Examinat must be inclined.	by Funeral	11. Marital Status 1 Naver Married 2 Merried 3 Widowed 4 Divorced	12. Was Decede Armed Force 1 Yas 24 If Yes, Give Yaar or Data	¥6? ¹¹ No				Hispanic Ori pan, Maxicar Specify:		ecify Yas or No Rican, atc.)		ece - Americ ack, Whita, Ify: AFR	
21215-0020		Completed	15. Decedent's E (Specify only highest gr Elementary/Secondary (0-12) 12		or 5+)	(Give lifa.	dant's Usual kind of work DO NOT use NOWN	done	during mos	t of worki	ing	16b. Kind of		dustry
Maryland 2	should be filed and Mental Hygies and Mental Hygies a marked other	To Be Co	17. Fether's Neme (First, Middla, Last JAMES E. SHE	RMAN			nonn_			er's Name		, Meiden Suma ERMAN		
			20a. Method of Disposition	EUGENE)		1370		_EM	AN DR			ARYLAND 20c. Location	2070	8
Baitimore,	permit. Peges 1 and Department of Health Important: If Item 27 any Injury or other trees.		1 1	fy)	ara l	YLAND	NATI(ANC	L PAR	VUNER	/15/96 RAL HOM	LAUREL, E.P.A.	MARY	LAND
	Physician		23a. Pert1. Entar the biseasa, or con shock, or haat tailura. List only			Do not ant	00 EU7 ar the mode	of dy	PLACE ing, such es	cardiec o	LTIMOR or raspiretory e	E, MARY	LAND	21217 Approximete Intarval Between Onsat and Death
	/Medical Examiner	ner	Immediata Causa (Finel diseasa or condition rasulting in daath)	a. My	Dua to (or	as e consac	juanca of):	y	dice	ase			i	3 years
Box 68760,	death certificete be executed e attending physicien and ed for use as the burtel-transit	n/Medical Examiner	Sequantially list conditions, if any, leading to immediata causa. Entar Undarfying Causa, (Disaase or Injury that initiated avents resulting in death) Last	c	Dua to (or a									
P.0.	hat the death of by the atte deteched for	Physician	Part II. Other significant conditions	contributing to deat	h but not rasuit	ing in tha u	ndarlying ca	usa g	ivan in Part I			tobacco use c		o the cause of death?
Records,	The law requires that the tta has been signed by the page 2 should be deteche	Completed by									24a. Was	en eutopsy ormed?	ev	ara autopsy findings reliabla prior to empletion of cause deeth?
of Vital Re	certifica rector, I	Be	25. Wes casa rafarred to medical axaminar?	Hospital:				0	ther		1 [Check only	one)		□Yas 2□No
Division of	tending death. stor: After / the fune	Certification: To	27. Mannar of Death 1 Matural 5 Pending 2 Accident Investigatic 3 Suicida 6 Could not be	28e. Date of I (Month,		R/Outpatier	M 28	kc. Inju	ury at ork?	No	28d. Dascribe	idance 8 O	urred	al Routa Number,
Div	Hospital or Att 4 hours aftar of Funeral Direct tely filled in by	edical Certi		building, nysician: To the be miner: On the basis	etc. (Specify)	edge, daatt	occurred a	t tha t	ime, date ar	d place, a	City or To	wn, Stata) cause(s) and r	nanner as s	stated.
(20 Complete	Medi	290. Signature and the of certifier	and manner Win	atinted.	10			sa number	-	oo at the time.	29d. Date slgr		
	10		30, Name and address of pecsen was	completed cause of	HOW K	10	Print) \$317	(Cherr	y L	ave L	aurel	M	D 20707
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Item1 7-15-96 Film6737 W.H.Per Fi/H Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

	•				certificate o	f Death	Re	g. No.		
1	Dhusia		1. Decedent's Nama (First, Middla, Las	,			2. Data of Death Month	-	Yaar 3	. Tima of Death
4	Physic /Medi		KURTIS Curtis	Thomas VAUGHN	Jr.		JULY 4			0:15 PM
	Exami		4a. Facility Nema (If not institution, give	street and number)		4b. City, Town, or L	ocation of Death	4c. County	of Deeth	
		Н	SAINT JOSEPH	MEDICAL CENTER		TOWSON, M	ARYLAND	BAL	TIMORI	E
	Funeral Director		5. Social Security Number 6. S 117-64-59-4 Usual Residence of Decedant	7. Aga (In yrs. lest birtho	Months Day		8. Data of Birth (Month, Day,	Year Y	9. Birthplece (Country)	(State or Foreign
	e Meryland	ctor	10a. Steta 10b. County	10c. City, Town o	LOCATION FIRMS					Insida City Limits
	ath with the 23a or 24	rai Dire	5 406 Buck	nell RUAD	10f. Zip Code	21206	10	g. Citizan of V	Vhat Country?	
0000	within 72 hours effer deeth with the Meryland ene. than "natural", or items 23s or 28s-f show he Medical Exertines must be notified at	by Funeral	11. Meritel Status 1 ☑ Never Merried 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	12. Was Dacedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yas, Give Year or Datas:	13. Was Decedant of If Yas, specify Co	f Hispanic Origin? (Spuben, Maxican, Puarto Specify:	pecify Yas or No- p Rican, etc.)		e - American I ck, Whita, atc.	ndian,
21215-0020	THE R. L. LEWIS CO., LANSING, MICH.	Completed	15. Decedent's Ed (Spacify only highast gra Elementery/Secondary (0-12)	ucation 16e. Do (G) Collaga (1-4or 5+)	acedant's Usuai Occ liva kind of work dor te. DO NOT usa rati	cupation na during most of work ired)	king	6b. Kind of Bu	usinass/Indust	ofreshon!
Maryland	ental Hygin ental Hygin ked other	To Be C	17 Aathar's Nama (First, Middle, Last)	ough, Sh		Mary	ea (First, Middle, M	EK .		
Ψo			196 Informant's Name/Relationship (7	y tribas 54	alling Address (Stre	et and Number of Ply	patt	City or Town, Oc. Location -	Med 21	1206
altimor	permit. Pege Department of Important: If any Injury or once.		1 Buriel 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Sp	Removel from Stata .cematary,	MENLOY OF OTHER P	Parle !	-11-96	Range	els dur	- bed
Ba	permit. F Departmo Importan any Injur		21. Signatura of Funerel Service Month	7	22. Name end Add	EISTELS	HATTER A	90 90	ns run	ENER NO YOU
	Physician /Medical		23a. Part1. Enter the disease, or comp shock or heart failure. List only of Immediata Ceusa (Final	ilications that causad tha death. Do not one ceusa on each lina.	enter the mode of d	lylng, such as cardiac	or respiratory arre	st,	On	proximate arval Between iset and Deeth
	Examiner		disaasa or condition rasulting in daath)	e SEPSIS					3	DAYS
		ē	West, establish	Dua to (or as a cor		-21-02				
, (09289	certificete be executed nding physician end use as the bunal-trensit	cal Examiner	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Causa (Diseese or injury thet Intileted avants	b. END STAGE ACQ Dua to (or es e con	sequance of):	MMUNE DEI	FICIENC	SYNE	PROME	
Box 68	certif nding ISB 8	n/Medical	rasulting in death) Lest	Dua to (or es e con	sequence or):					
	deeth e ette ed for	sicis	Pert II. Other significant conditions co	ntributing to death but not resulting in th	e underlying cause	givan in Part I.	23b. Did tob	ecco use cor	ntribute to the	e cause of death?
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/ita	Physician: The this certificate ral director, pag	Be	25. Was casa rafarred to medical examinar?				th (Check only one)		
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Division	the fact	Certification:	27. Mannar of Death 1 Natural 5 Pending 2 Accident invastigation 3 Sulcida 6 Could not be	28a. Data of injury (Month, Day Year) 28b. Tim Inju	M 1	☐ Yas 2 ☐ No	28d. Describe how			
Div	pital or Attandi ours effer death. eral Director: A filled in by the fo	1	4 Homloida detarmined	building, atc. (Specify)			281. Location (Str. City or Town,	State)		
	To the Hospital o within 24 hours of To the Funeral DI completely filled in	Medical	29a. Cartifiar (Check only one) 12 Certifying Phy 2 Medical Exam 29b. Signetura end title of certifier	sician: To tha best of my knowledge, di inar: On tha basis of axamination and/o end mennar steted.	r Invastigation, In my	tima, data and place, y opinion, daath occur	red et tha tima, da	te and place,	and due to the	a cause(s)
	1 × 5 8		200. Signatura end title of certifiel	O 11			29	d. Data signed	- \} (MOHIII, DBY	2 /
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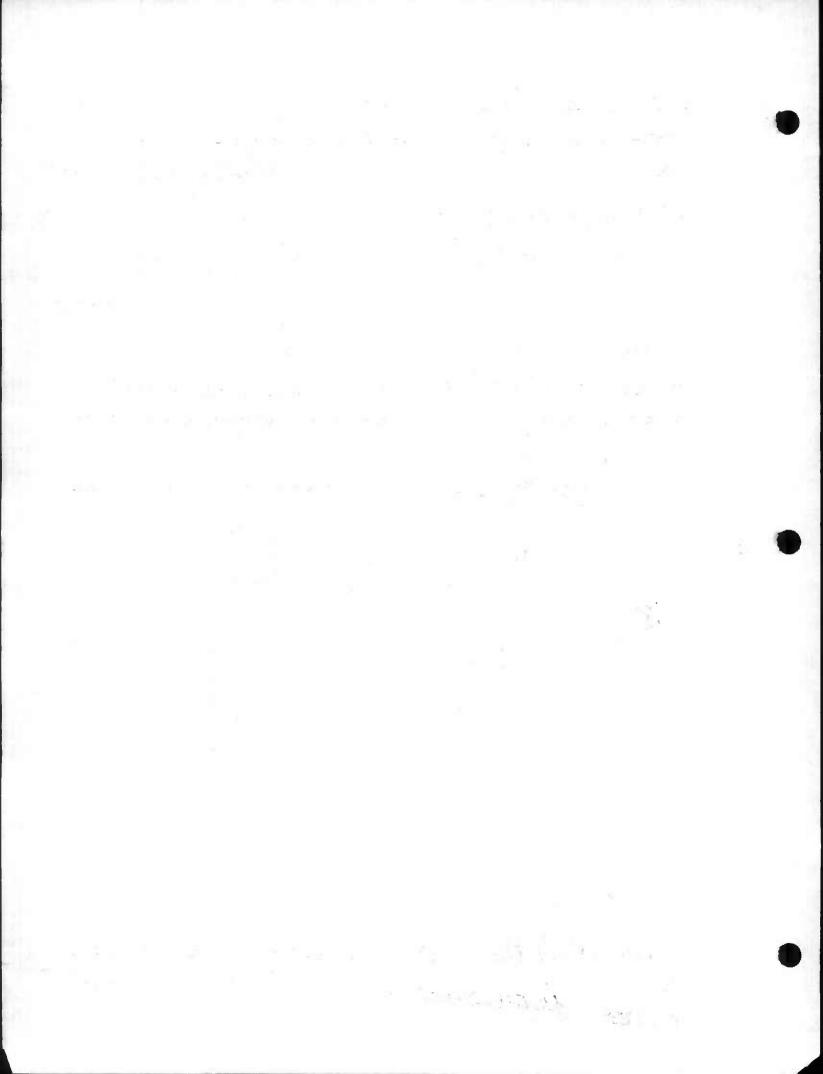
31. Dete filed (Month, Day, Year)

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Please Type or Print in Biack Indelible Ink. Assure Ali Copies Are Legible. Film G737 item 7 per FH 7-30-96 rja State of Maryland / Department of Health and Mental Hygiene Film G737 item 7,10f,16b,19b per FH 7-25-96 rja Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** 96 115 HENRY WILSON JOHN June /Medical 4a. Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Bultimore Baltimore City of Maryland University If Undar 24 Hrs. 6. Date of Birth (Month, Day, Year) 70 PM 20 F 5. Social Security.Number 7. Aga (În yrs. last birthday) If Undar 1 Year 9. Birthplace (Stata or Foreign Country) **Funeral** 219-28 Months Days 61 Director 11-03-34 **Usual Residence of Decedent** parmit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mantal Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-1 show any injury or other traumatic event, it is Medical Examinal must be notified at once. 10b. County 10c. City, Town or Location 10d. Insida City Limits Baltimore 1 ☐ Yes 2 No altimore Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Browning USA 21221 Funeral 12. Was Decedant Evar in U,S. Armed Forces? Was Dacedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American indian. 11. Marital Status Black, White, etc. 1 ☑ Yas 2 ☐ No If Yas, Giva 1 Never Marriad 2 Married Specify: BLack 1□ Yes 2Œ No altimore, Maryland 21215-0020 Specify: þ 3 ☐ Widowed 4 1 Divorced Completed 16a. Decedent's Usual Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) lerreal 12 California Employment Ser. 17. Fathar's Nama (First, Middle, Last) 18 Mether's Name (First, Middle, Maiden Sumame) Be Mason LUKUSWN 10 ber 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Deidre Tuggle - daughter 1404 Browing Dr. Apt F Balto. County, Maryland 21221 20b. Placa of Disposition (Name of 20a. Method of Disposition 20c Location - City or Town, State Data 1 Burlal 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Land Veteran Cen no of Funeral Service Licens 22. Name and Address of Facility 76 23a. Parti. Enter the diseasa, or complications that caused the death. Do not enter the most of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximata Interval Between Onsat and Death **Physician** 6/28/96 /Medical Immediata Cause (Final disease or condition resulting in death) Examiner (or as a consequence of): Examiner attending physician and for use as the bunal-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last Due to (or as a consequance of): Division of Vital Records, P.O. Box 68760. Physician/Medical Dua to (or as a consequance of): signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy 1 PYes 2 No 1 Yes 20 No certificate Be 25. Was case refarred to medical 26. Place of Death (Check only one) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1□ Yes 2□No 0 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 26d. Dascribe how injury occurred 28b. Time of Aller 1 Netural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Suicida 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) after d 4 Homicide To the Hospital within 24 hours To the Funeral completely filled Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, and due to the cause(s) and menner es steted.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29a. Certifier Medical

29c. License number

22 S. Greene

MD

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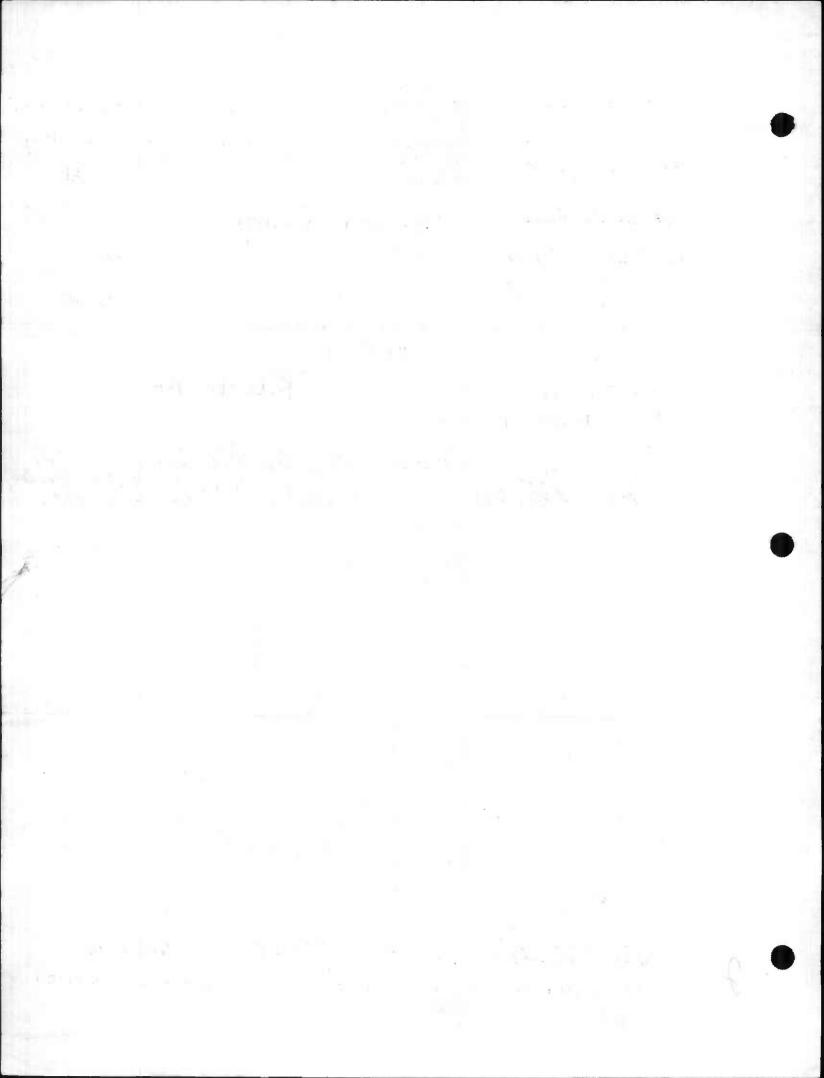
29d. Date signed (Month, Day, Year)

Baltimae Mozizol

M. D. Muerman 31. Date filed (Month, Day, Year) State JUL 1 5 1996 Registrar

30 Nama and address of person who completed cause of death (Item 23a) (Type, Print)

29b. Bignature and title of certifier



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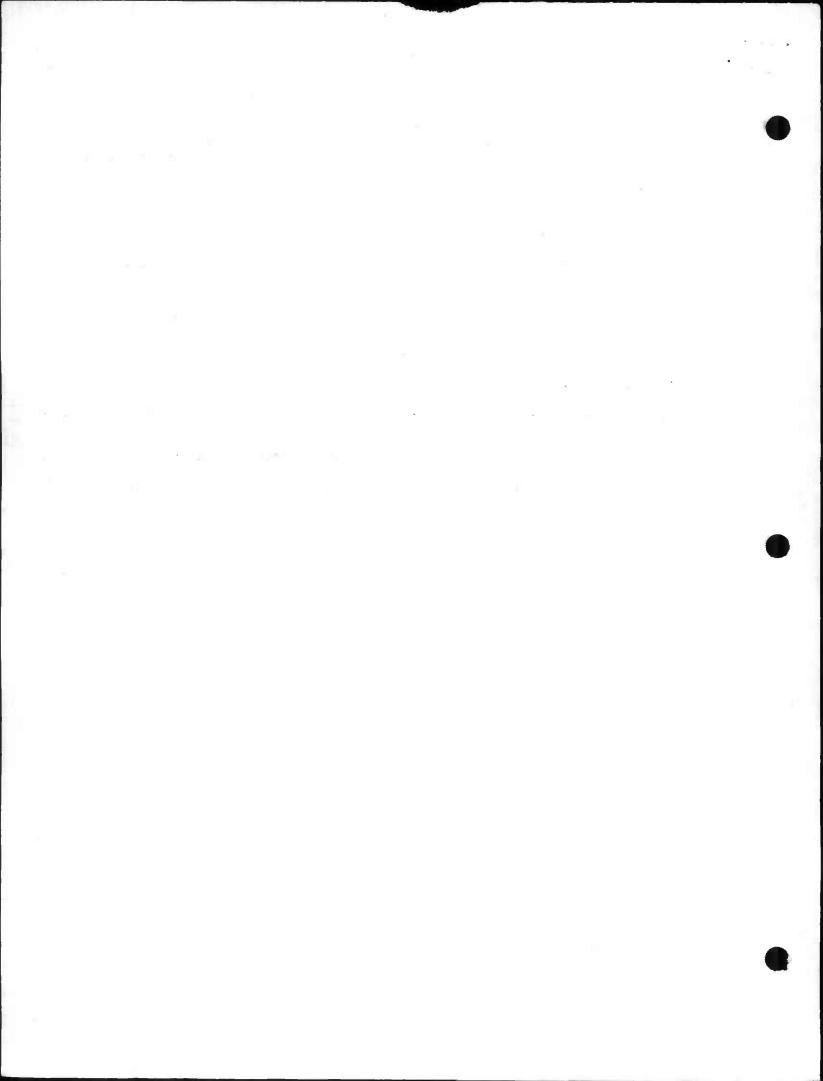
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Oept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

	FOR _		STATE OF I	MARYLAND	/ DEPAI	RTMEN'	T OF I	HEAITH	AND	MENTAI	HAGIEN		0	209) /
_	1 - STATE REGISTRAR		OINIE OI I		ERTIF					MENIA	REG. NO				
	1. DECEDENT'S NAME (First, Donald Edw		ver							2. DATE MONTH		AY (YEAR 149C	3. TIME OF DE	ATH M
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. le			R 1 YEAR	-	R 24 HRS.	(Month	OF BIRTH		8. BIRTI	HPLACE (State or	Foreign
	215–28–041	6	1 🔀 M 2 🗌 F	(65 YRS.	MONTHS	DAYS	HOURS	MIN.	July		1930		yland	
~	9e. FACILITY NAME (If not in							or Locati				9c. COU	NTY OF E	DEATH	
5	Union Memo		ospitai			Do	11 61	more	CIC	·			N/A		
DIRECTOR	10e. STATE	10b. COUNTY	1		10c. CI	TY, TOWN	OR LOCA	TION	- 1	3 50				10d. INSIDE CI	TY
DIR	Maryland	N,	/A		В	alti	nore			3 2				LIMITS?	NO
FUNERAL	100. STREET AND NUMBER 105 W. 39th	Stree	et					1210	E	(J.S.	WHAT COUNTRY	?
S	11. MARITAL STATUS		12. WAS DECEOER			13.	WAS DE	CENDENT	OF HISPAN	VIC ORIGIN	7 (Specify Ye	s or No—	14. RAC	E — American In	dlen,
BY F	1 Never Merried 2 3 Widowed 4 T Divo			MAR OR DATES	NO			pecify Cub S 2 📉 NO			Ricen, etc.)		Spec	ck, White, etc.	
	**	me.v.												White	
	(Specify only	EDENT'S EDU y highest grade	completed)		Give kind of fe. Do NOT	work done	during m		ing	16b	KIND OF BU	SINESS/IN	DUSTRY		
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COMPLETED	17. FATHER'S NAME (First, M							18. MOT	HER'S NA	ME (First, I	Middle, Meiden	Sumeme)			
BE C	Edwin C. W	eaver									cDona]				1.71.71
9	Patricia Al		: (Daught								eneva			.s 60134	
	20e. METHOD OF DISPOSITI		oval from State	20b. PLACI	E AND DATE	OF DISPO	SITION (A	lame of	July	DAT	E 20c. LC	CATION —	City or T	own, State	
	4 Donetion 5 Other	3	251055	Loudo	n Par	ck Ce	emete	ery	15	19	96 Bal	ltimo	re.	Marylar	ıd
	21. SIGNATURE OF FUNER	E SERVICE LIC	BUSEE	N		7	itz	ke Fu	inera	il Ho	me of	Cato	nsvi	lle, Ir	ıc.
	Deces	ues	wie	te		1	.630	Edmo	ondsc	n Av	enue (Caton	svil	le,Mary	land
	23. PART I. Enter the di ahock, Dr h	iseasea, or e aart fallure.	complications (h)	it caused the duse on each lie	death. Do na.	not ante	r the m	ode of dy	/Ing, suc	h as can	dac or reap	Iratory ar	rest,	Approxi	mate Batween
	IMMEDIATE CAUSE (Fir disease or condition	nai			^	: 1		1 4	0	Λ	Λ	,			nd Daath
	reaulting in death)	\rightarrow	a. Respir	ratory	Hyre	st t	ollow	ved 6	y la	rdia	c An	rest		5 n	nin
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CERTIFICATION	Sequantially list condit if any, lasting to imme		DUE TO	O (OR AS A CONS	EQUENCE (OF):								5 W	N
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H	that initiated avanta reaulting in daath) LAS		DUE TO	OR AS A CONS	EQUENCE	OF):									
ER	reading in dadii) CAS		d												
	PART il. Other algnifica	int condition	na contributing to	death but not	reaulting	in tha u	ınderiyi	ng cause	given in	Part I.	24a. WAS AF		24	b. WERE AUTOPSY	
2	CHF						_				PERFO			COMPLETION O OF DEATH?	
MEC														1 YES 2	No
PHYSICIAN: MEDICAL	DID TOBACCO U	ISE CONT	RIBUTE TO CA	AUSE OF DE	ATH Y	ES 🗆	NO [JUN	CERTAI	NM					
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ВУ	2 Accident	Investigation	28e. PLACE	OF INJURY — At	home ferm	etreet fe			□ NO	281 1.00	ATION (Street	and Numbe	er or Rumi	Route Number,	
COMPLETED	3 Sulcide 8 4 Homicide	Could not be determined	building	, etc. (Specify)		, 200001, 10	otory, on				or Town, State		n or more	TOOLS HOMEON,	
PLE		TIFYING PHYS	ICIAN: To the beat of	of my knowledge,	death occu	rred at the	time, da	te end plec	e, end due	to the ce	use(e) end me	enner ee st	nted.		
OM	one) 2 MED	ICAL EXAMINE	ER: On the besie of	exemination end/o	or Investigat	llon, in my	oplnion,	death occi	ured at the	time, date	end place, e	nd due to t	the ceuse	(s) end menner a	e stated.
ш	296. SIGNATURE AND TITLE	OF CERTIFIE	R					29c. LIC	CENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Ye	ar)
00	sun 7.	Hun	- 3/2	MID				IAT	24	3899	16	^	7 111	196	
5	30. NAME AND AODRESS O						5			0.11	1	115			
			zostak	201 E. U		rsite	1 ta	rhow	w,	Dalt	imore	, ~(1)	<i></i>		
	31. DATE FILED (Month, Day,	Year)		AR'S SIGNATURE											
	JUL 1 5 199	b J	and an age	- North Co	_										

OHMH-16 Rev 1/89



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 5 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Yaar **Physician** Williams 1996 Marjorie Williams

4a. Facility Name (If not institution, give street and number) July PM /Medical 4b. City. Town, or Location of Death 4c. County of Death Examiner Hospital of Bathmore Bathmore Bathmore City Singi If Undar 1 Yaar | If Undar 24 Hrs. | Months | Days | Hours | Min. | 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) 9. Birthplaca (Stata or Foraign **Funeral** IDM 200F 17 1937 Mak 216-307-104 (ALD Director Usual Rasidanca of Decedant with the Maryland 10c. City, Town or Location 10a. Stata 10b. County 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumetic event, the Medical Examiner must be notified at Battimore (1 Yas 2 No Director Baltimore City 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 5435 21215 United States of America Jonguil Avenue Funeral 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cubah, Maxican, Puarto Rican, atc.) 11. Marital Status 12. Was Decedant Evar in U,S. Armed Forcas? 14. Race - American Indian. permit. Pages 1 and 2 should be filed within 72 hours affer of Department of Health and Mental Hygiene. In mortant: if item 27 is marked other than "natural", or item any Injury or other traumatic event, the Mental in the difference of the statement of the mental in the statement of the stateme Black, Whita, atc. 1 ☐ Yas 2 ☐ No if Yas, Giva 2 Marriad 1 Navar Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: à Specify: Yas, Giva Yaar or Datas: 3 ☐ Widowed 4 ☐ Divorced Black Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Flamantary/Secondary (0-12) Collaga (1-4or 5+) Spales 10 H grade 17. Father's Nama (First, Middla, Last) 18 Mothar's Nama (First, Middla, Maidan Sumam Be DW1 Informant's Name/Relationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 20b. Place of Disposition (Nama of cematary, crematory or other place USBANO BALTIMORE, Wid MENUE 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 3 Ramoval from State FO/EST 4 Donation 5 Other (Specify) FUNERAL HOME 21. Signature of Funeral Service Licenses e, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, List only one cause on each line. 23a. Part1. Enter the di shock or h Approximata Intarval Between Onset and Death Physician /Medical Immediata Causa (Final Pulmonary Edema disease or condition rasulting in death) **Examiner** Dua to (or as a consequence of): Examiner ral Regurge
Dua to (or as a consequence of): Mitral burial-tran Sequentially list conditions, if any, laading to Immadiata causa. Enter Underlying Causa (Diseasa or Injury that Initiated evants resulting in death) Last been signed by the attending physician should be detached for use as the burie Dua to (or as a consequence of): Physician/Medical usa as tha 68 Division of Vital Records, P.O. Box ò Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 25 No 3 ☐ Probably 4 ☐ Unknown þ 24b. Wara autopsy findings available prior to complation of ceusa of death? 24a. Was an autopsy performed? Completed this cartificate has 1 Yas 2 1000 1 ☐ Yes 2 No funeral director, 25. Was cesa rafarred to medicel axaminer?

1 ☐ Yas 2 ☑ No Be 26. Place of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Residence 8 Other (Specify) P 1 Inpatiant 2 ER/Outpatiant 3 DOA 28a. Data of Injury (Month, Day Year) To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral 27. Manner of Death 28b. Tima of Injury Certification: 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending Invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 ☐ Could not be determined 3 Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 4 ☐ Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.

2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29a. Certifiar Medical (Check only 29b. Signatura and titla of certifian 29c. Licensa number 29d. Data signed (Month, Day, Year) Burno AS2402321AB9814 resident 30. Name and address gloorson who complated causa of death (Itam 23a) (Type, Print) Anthony

State Registrar 31. Data filed (Month, Dal, Year)
JUL 1 5 1996

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Singi Burns Hospital of Battimore 22. Registrar's Signature in diswelson Randall

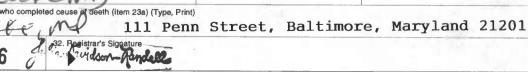
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

	Physic	ian	f, PER MEO FILM G-737 1. Decedent's Neme (First, Middle, La ALICIA	st)	RE	Certificate of	of Death	2. Dete of D Month JULY	_		959 of Death 5 AM	
)	/Medi Exami		4e. Facility Name (If not institution, giv 201 NORTH BRO		REET A	PT.19-N	4b. City, Town	n, or Location of Dea	th 4c. Coun	ty of Deeth		
er.	Funeral Director		5. Social Security Number 6. S	Sex 7. Age	e (In yrs. last birt	hday) If Under 1 Y	ear If Under 24	Hrs. 8. Date of Bi Min. (Month, D		9. Birthplace (State Country) MARYLAND		
	the Maryland 28a-f show	Director	Usual Residence of Decedent 10a. State 10b. County MARYLAND BALTIM(10e. Street and Number	ORE,CITY	10c. City, Town	BAL	TIMORE				Gity Limits	
	23a or		201 NORTH BROADWA	AY STREET	APT. 19-	-N 21	231			What Country?		
020	within 72 hours after death with the Maryland ane. than "natural", or items 23a or 28a-f show fre Moolcal Exartine must be invitted at	by Funeral	11. Marital Status XXNever Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent I Armed Forces? 1 Yes 2 W If Yes, Give Year or Dates:	Ever In U,S.	13. Was Decedent If Yes, specify (n? (Specify Yes or N Puerto Ricen, etc.)		aca - American Indian, ack, White, etc. ify: BLACK		
- 1	s 1 and 2 should be filed within 72 hours after death with the Manylan f Health and Mental Hyglene. If Health and Mental Hyglene. Item 27 Is marked other than "natural", or items 23s or 28s-1 show other traumatic event, the Medical Examiner must be inclined at	Completed	15. Decedent's Ec (Specify only highest gra Elementary/Secondary (0·12) 12	ducetion de completed) College (1-4or 5		Decedent's Usuel Oc (Give kind of work do life. DO NOT use re	ne during most o tired)	f working		Business/Industry OME		
Maryland	should be filed ind Mental Hygis markad other umatic event, II	To Be	17. Father's Neme (First, Middle, Last) THOMAS COLLINS					Name (First, Middle ORIS L. W		ARE		
	alth and 27 is m		19a. Informent's Name/Relationship (DEREK EARLY (SON			Malling Address (Str. 533 CLIFT				n, State, Zip Code) YLAND 2121	.7	
Baltimore,	S = 5		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify		20b. Plece of cemeter)	Disposition (Name of crematory or other CREMATORY	place)	Date	20c. Location	- City or Town, State		
Pa	parmit. Pa Departmen Important: any injury strice.		21. Signature of Funeral Service Licen	sles		1300 EUT	AW PLACE	UNERAL HO	E, MARYL	AND 21217		
J.	Physician /Medical Examiner		23a. Pañ1. Enter the disease, or compand the shock, or heart feilure. List only limmediate Ceuse (Final disease or condition resulting in death)	a. ACUTE NARC					errest,	Approxim Interval B Onset and	etween	
H		ner	resulting in dealthy		Due to (or as a c	onsequence of):						
9,00,	ata be executed hysician and the bural-transit	ai Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury	b	Due to (or as e co	onsequence of):				7		
Ω X	certificata ding phys	n/Medical	thet initiated events resulting in death) Last	d	Due to (or as a co	onsequence of):						
o .	at the death by the atten stached for u	Physician/Me	Pert II. Other significant conditions co	ontributing to death bu	t not resulting in	the underlying ceuse	given in Pert I.		tobacco use co	ontribute to the cause		
	law requires that the de as been signed by the 2 should be detached	Completed by							s an autopsy ormed?	24b. Were eutopsy available prior completion of of death?	rto	
	ata h page	-	or Mila					a ide	Yes 2□No	V	□No	
5	Physician: this cartific ral director,	o Be	25. Was cese referred to medical examiner? ▼□ Your Service S	Hospital: 1 ☐ Inpatier	at 2 PER/Out	patient 3 DOA	Other	Death (Check only		har (Panaihi)		
ivision of	tending Physideath. tor: After this the funeral di	ation: T	27. Menner of Death 1 Neturel 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Day	Year) FOUND	me of 28c. In	njury at Vork?	28d. Describe	how Injury occu			
JIVIC	Hospital or Attending 6 24 hours after death. Funeral Director: Aftar ately filled in by the funar	28a. Date of Injury at Work? 1 Neturel 2 Accident 3 Suicide 4 Homicide 28a. Date of Injury at Work? FOUND: 7-4-96 28b. Time of POUNDYDY 9:45 A 28c. Injury at Work? UNKNOWN 28d. Describe how Injury occurred UNKNOWN 28d. Describe how Injury occurred UNKNOWN 28d. Describe how Injury occurred UNKNOWN 28d. Describe how Injury occurred UNKNOWN 28d. Describe how Injury occurred UNKNOWN 28d. Describe how Injury occurred UNKNOWN 28d. Describe how Injury occurred UNKNOWN 28d. Describe how Injury occurred UNKNOWN 28d. Describe how Injury occurred UNKNOWN 28d. Describe how Injury occurred UNKNOWN 28d. Describe how Injury occurred UNKNOWN 28d. Describe how Injury occurred UNKNOWN 28d. Describe how Injury occurred UNKNOWN 28d. Describe how Injury occurred UNKNOWN 28d. Describe how Injury occurred UNKNOWN 28d. Describe how Injury occurred UNKNOWN 28d. Describe how Injury occurred UNKNOWN 28d. Describe how Injury occurred UNKNOWN							N. BROADWAY	51.		

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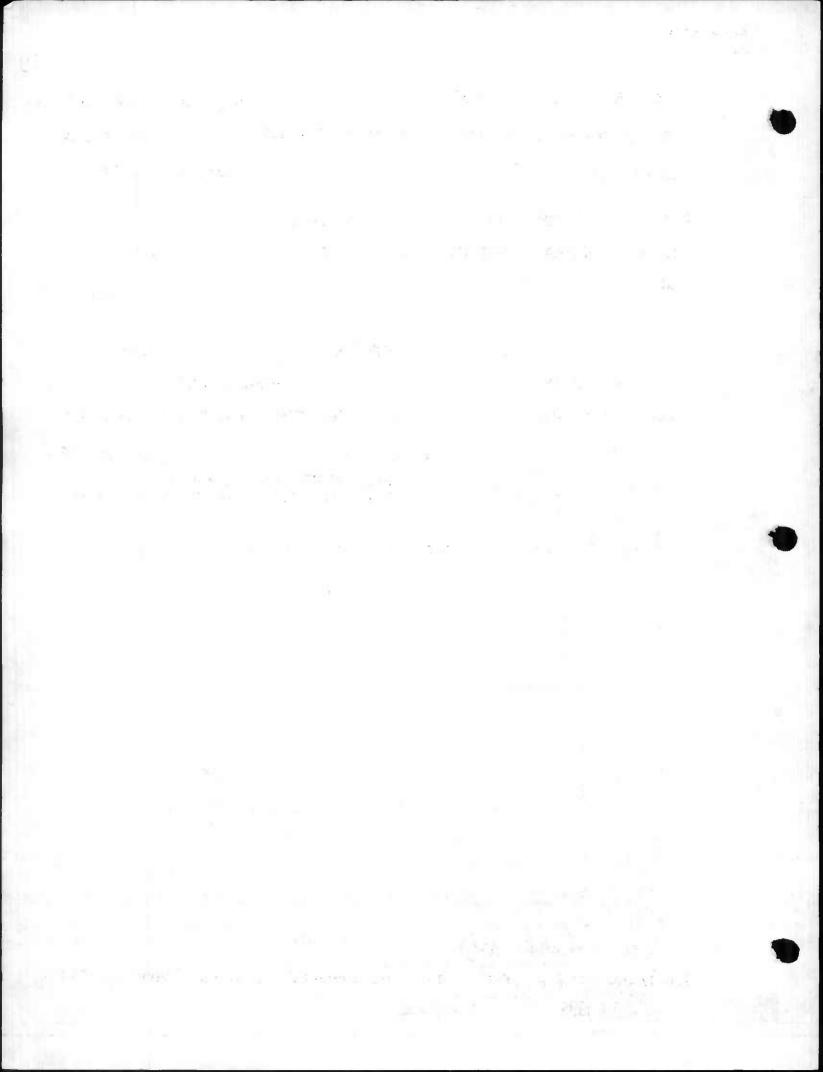
Registrar



29c. License number

O.C.M.E

29d. Date signed (Month, Day, Year) JULY 05, 1996



Funeral

Director

Physician /Medical Examiner

spital or Attending Physician: The law requires that the death certificate be executed tours after death.

***set Director: After this certificate hes been signed by the ettending physician and filled in by the tuneral director certification. Division of Vital Records, P.O. Box 68760,

Certificate of Death 1, Decedent's Neme (First, Middla, Last) 2. Dete of Deeth Month 3. Time of Death YOUNG Year JOHN 1-20 PM 1996 03 JULY 4a. Fecility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death North Arundel Anne Arundel Glen Burnie 7. Age (In yrs. last birthday) If Undar 1 Yaar If Under 24 Hrs. 8. Data of Birth (Month, Day, Year)

Yrs. Months Days Hours Min. Jan. 11, 1924 5. Sociel Security Number 6. Sex 9. Birthplece (Steta or Foraign 1 № M 2 🗆 F 217-18-1169 Mary Land Usuel Rasidance of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limite Anne Arundel Glen Burnie Maryland 1 ☐ Yes 2√ No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 21060 7355 Furnace Branch Road by Funeral 12. Was Decedent Ever in U.S. Was Decedant of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14 Race - American Indian 11. Marital Status Armed Forces?

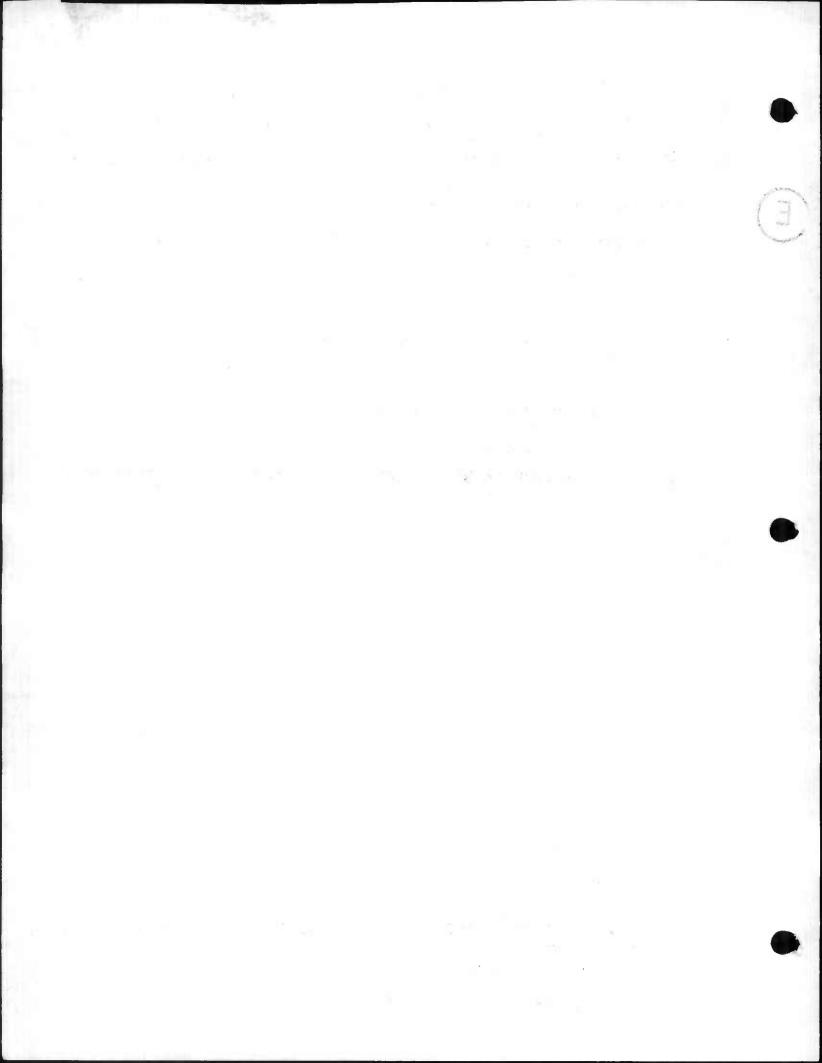
1 Yas 2 No
If Yes, Give
Yaar or Detes: Biack, Whita, atc. 1 Never Married 2 Merried White 1 Yas 2 X No Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Private Truck Driver 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be unknown unknown 2 19e. Informent's Neme/Raletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) unknown Frank Young / unknown 20b. Place of Disposition (Neme of cematery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata Dete in 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stata 4 □ Donetion 5 ♥ Other (Specify) State rem. 22. Name end Address of Fecility State Anatomy Board-655 W. Baltimore Street 21. Signeture of Funarel Servica Licansee SanSant Joseph B. Baltimore, Maryland 21201-1559 23a. Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset and Deeth LIVER DISEASE STAGE Immediete Causa (Finel YEARS disease or condition resulting in deeth) Dua to (or es e consequenca of): Physician/Medical Examiner ALCOHOLIC 10 YEARS CIRRHOSIS Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events rasulting in death) Last Due to (or es e consequance of): Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? MELLITUS INSULIN DEPENDENT DIABETES 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Winknown Completed by PURPURA 24b. Were eutopsy findinge evaileble prior to completion of cause of death? I HROMBOCY TOPENIC 24e. Wes en autopsy 1 Yas 2 No 1 ☐ Yes 2 ☐ No Be 25. Wes case retarred to medical examiner? 26. Piaca of Deeth (Check only one) Hospitel: Other: 4 Nursing Homa 5 Residenca 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Impatient 2 ☐ ER/Outpetlent 3 ☐ DOA 27. Manner of Deeth 28a. Deta of Injury (Month, Dey Year) 28b. Time of 26c. Injury at Work? 28d. Describe how Injury occurred 1 Neturel 5 Panding 1 ☐ Yas 2 ☐ No Investigetion 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, factory, offica bullding, etc. (Specify) 4 Homicida 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, deta end place, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of axaminetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the causa(s) end mannar stated. 29a. Certifier edical (Check only one) 29b. Signatura and titia of cartifier 29c. Licensa number 29d. Data signed (Month, Day, Year) MD D 46962 30. Nama end eddress of person who completed causa of daeth (Itam 23e) (Type Print) Mc Dowell SANE-BOLT, more, m.O.

State Registrar

31. Dete filed (Month, Dey, Year) 1996

To the Hospital o within 24 hours at To the Funeral D completely filled I



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	Physici /Medic		1. Decedent's Neme	(First, Middle, Last	ROBERT HI	ENRY ASI	IBY, SR	. ,			2. Dete of De Month	Day	Year 1996	3. Time of Dea	
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۰			Usual Residence of D			10c. City, T	our or Los	ation			JULY 3,	1926		YLAND	- 74 -
	the Marylen 28a-f show	tor	MARYLAND	ANNE ARU	NDEL	SEVE		ation					1	0d. Inside City Lir 1 ☐ Yes 2 🔀	
	ith the M or 28a-f	Director	10e. Street and Numb	per				10f. Zip Coo	le			10g. Citizen of \	What Coun	ntry?	
	ath w			NIE DRIVE				211				U.S.			
	hours effer death with the Maryland turer, or frems 23s or 28s-f show at Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 3 Widowed 4		12. Was Decedent Armed Forces? 1 2 Yes 2 1 If Yes, Give Yeer or Dates:	No		as Decedent Yes, specify (of Hispenic Or Suban, Mexica No Specify		ify Yes or No Ican, etc.)	Specify	ck, White, white, white, which will be with a constant of the	etc.	
	2 8 2		(Specify	5. Decedent's Edu only highest gred	icetion		6a. Deced	ent's Usual Oc	cupation	st of working	,	16b. Kind of B			
	withir ene. than	Completed	Elementary/Second		College (1-4or 5		life. D	ONOT use re	tired)	st of Working		CONST	RUCTI	ON	
	wild be filed Mental Hygi Irked other Itic event, I	To Be	17. Father's Name (FI HENRY FF	irst, Middle, Lest) RANKLIN	ASHBY				18. Moth		First, Middle, FRANC	Maiden Sumen	ne) OLE		
	2 sho and Is me		19a. Informant's Nam ALICE MAY		rpe, Print) (WIFE)				DRIVE,			er, City or Town, RYLAND	Stete, Zip 2114		
	6 = 5			Cremation 3 DF	Removal from State			ition (Name o etory or other			Dete	20c. Location -	City or To	wn, State	
	permit. Peg Depertment Important: it eny Injury o		21. Signeture of Fune	Other (Specify)		MARYLA	22.		METERY Idress of Fecilion FUNE	ity	12 96 DME	CROWNSVI	LLE, M	ARYLAND	
	20200		23e. Part1. Enter the shock, or heart	disease, or completellure. List only o	licetions that raused in the course on the course on the course on the course of the c	the death. [1	SECOND	AVE. S	.W.,	GLEN B	URNIE, I	MARYL	AND 2106 Approximate Interval Between	
	Physician /Medical Examiner	Jet	Immediate Cause (Fi disease or condition resulting in death)		Mass		int	racro	nal	`				24 you	
	be executed ician and burial-transit	Examiner	Sequentially list cond if any, leading to imm	litlons, ediate	b	Due to (or es	e consequ	ence of):							,
	ificata g phys es the	n/Medicai E	Sequentially list cond if any, leading to imm cause. Enter Underly Cause (Disease or Inj that initiated events resulting In death) Las	ring jury st	0	Due to (or as	a consequ	ence of):							_
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	requires that the death seen signed by the ettar hould be datached for	by Physician	Part II. Other significa	ent conditions cor	ntributing to death bu	ut not resultin	g in the un	derlying cause	given in Pert	l.		tobacco use co Yes 2□ No		the cause of de bably 4 🕅 Unkr	
	98 b	Completed b									24a. Was perfo	en autopsy med?	eve	ere autopsy findin eileble prior to mpletion of cause death?	
	certificate h	S								<u>.</u>	10	res 2 No	10	Yes 2□ No	
	s certif directo	To Be	25. Was case referred examiner? 1 ☐ Yes 2 ☑ No		lospital:	ot 2 TEB	/Outpetlent	3□ DOA	Othor		Check only o	ne) dence 6 □Oth	ar /Cnacih	w)	
-	ig Phys ter this nerel di	n: T	27. Manner of Death		28a. Date of Injur (Month, De)	ry 28	b. Time of Injury		njury at Work?			now injury occur	1-1	"	
1	To the footpital or Attending Physician: The I wighin 24 hours aftar death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	Certification:	2 Accidant	5 Pending Investigation 6 Could not be datermined	28e. Place of Injubuilding, atd	ury - At home		М	1 Yes 2		of. Location (S City or Tox	Street end Numb	per or Rura	I Route Number,	-
	peptal or hours aft uneral Dil ty filled in		29a. Certifiar 1	☑ Certifying Phys	ician: To the best of	of my knowled	dga, daath	occurred at th	a tima, data ar	nd place, an	d dua to tha	causa(s) and ma	anner as st	lated.	_
(In	omplete	Medical	one) 2	le of certifier	ner: On the basis of and menner sta	examination ited.	end/or inve		ny opinion, des ense number	ath occurred		date and place, 29d. Date signe			-
N. II)) IV	1071	MD				472	-58		07-	11-	96	
toti			30. Nema and address IRAKLIS 31. Date filed (Month,	LIVAS, M	mplated cause of de	eath (Itam 23	a) (Type, P	rint) P. 301	HOSPIT	AL DR	. GLE	N BURNI	E, MI	0 21061	
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DHMH 16 Ray 6/95

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- Parish is AMARIA

DHMH 16 Rev 6/95

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Amended item #1, g-737, 7/17/96emh per fh Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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/Medical		Grant		ourley	Burle	ey	,		July		1996	9:2	7 PM
Examiner	1	la. Facility Nema (If not institution,						4b. City, Town, or		4c. Cour	ty of Deeth		
		Maryland Gene	ral Hosp	ital				Baltimor	-		n/a		
ineral	1	5. Sociel Security Number 6	. Sax 11X0 M 2□ F	7. Age (In yrs.) If Und Month	er 1 Yea s Days			th v. Year)	9. Birthp	olaca (Sta	te or Foraig
rector		213-09-7139	1 LLS WILES		77 Yrs.				Feb 19			aryla	
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be notified Director	1	IOe. Street end Number				10f. 2	ip Coda			10g. Citizen o	f What Cour	ntry?	
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miner must be	1	11. Meritel Status	12. Was Dece Armed For	dant Evar In U.	,S. 13.	Wes Dec	edant of pacify Cu	Hispanic Origin? (S ban, Maxican, Pue	Specify Yas or No to Rican, atc.)	- 14. Ra	ace - Amaric lack, White,		
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dby		3 X Widowed 4 □ Divorced	Yeer or Da	itas:							Bla	ck	
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2	1	Henry Burley						Lilliar	Loveday	7			
		19a. Informant's Name/Ralationship	(Type, Print)		19b. Mai	ling Addra	ss (Strae	at and Number or F	ural Route Numb	er, City or Tow	n, Stata, Zip	Coda)	100
other traumetic]	Barbara Wilson			3908	Mil:	ford	Avenue	Baltimo	ore, Ma	rylan	d :	21207
	2	Oa. Mathod of Disposition			Place of Disp ematary, cra	osition (A	ame of		Dete	20c. Location			
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for use es the buriat-transit clan/Medical Examiner	1	Sequantially list conditions, fany, laading to immediata cause. Entar Undartying Causa (Disassa or injury that Initiated avants asulting in death) Last	b		r as a conse								
eteched for use Physician/	L		d										
/ Physic	1	Part II. Other algnificant conditions	_			,	ceusa g	ivan in Part I.		tobacco use o			
		Respiratory Fa	ilure, R	enal Fa	ilure				10	Yee 2□ No	3 Prol	bably 4	XXInkno
d by									24a Was	an autopsy	24b. We	ere autops	sy findings
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9 5	2	7. Mannar of Deeth 1 Netural 5 □ Panding	28a. Data o (Monti	f Injury n, Day Year)	28b. Tima (Injury		28c. Inje		28d. Dascribe	how Injury occ	urred		
Tage 1		2 Accidant Invastigat				M	1[Yas 2□No					
Certification:		3 ☐ Sulcida 6 ☐ Could not datarmine	d 28a. Placa	of Injury - At ho	oma, farm, s	traat, facto	ory, office		28f. Location (S City or Tox	Streat and Nur yn, Stata)	nber or Rura	I Routa N	lumber,
Če	1			,	,								
Medical Certification	K	29a. Cartiflar (Check only one) Certifying I	Physician: To the laminer: On the baren	sis of axaminal	wiedga, daa ion and/or ir	th occurre	d at tha t on, in my	ima, data and plac opinion, daath occ	e, and dua to tha urred at tha tima,	cause(s) and r data and piace	nenner es si a, end dua to	teted. tha caus	e(s)
Med	12	9b. Signatura and titla of certifier.	end mem	er steted.		2	9c Licer	isa number		29d. Date sign	ned (Month	Day Year	r)
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		Pornchai Jongl				yLand	1 Ger	neral Hos	pital				
State	3	1. Data filad (Month, Day, Year)	1. 32 Ra	gistrar's Signe	tura								
aistrar	1	JUL 1 6 1996	June ville	WOON - NOT	Property								

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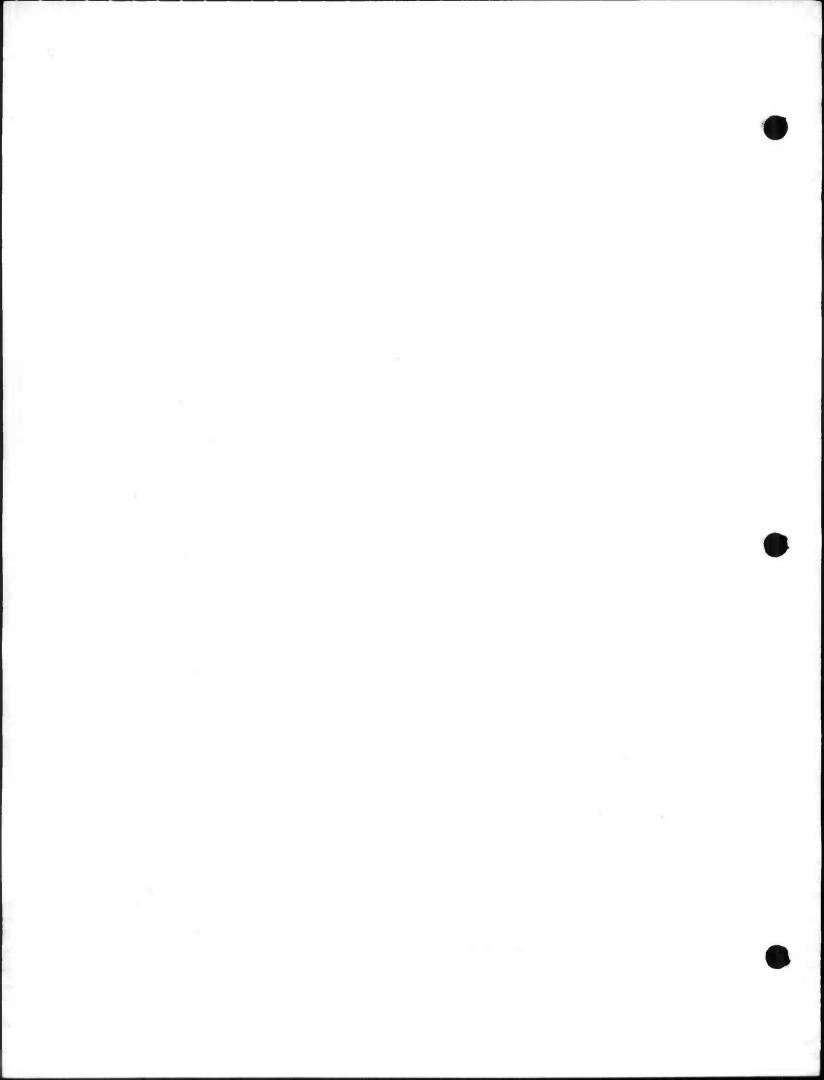
1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be re	1
n	K	P
4		1
-	1	9
-	-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5

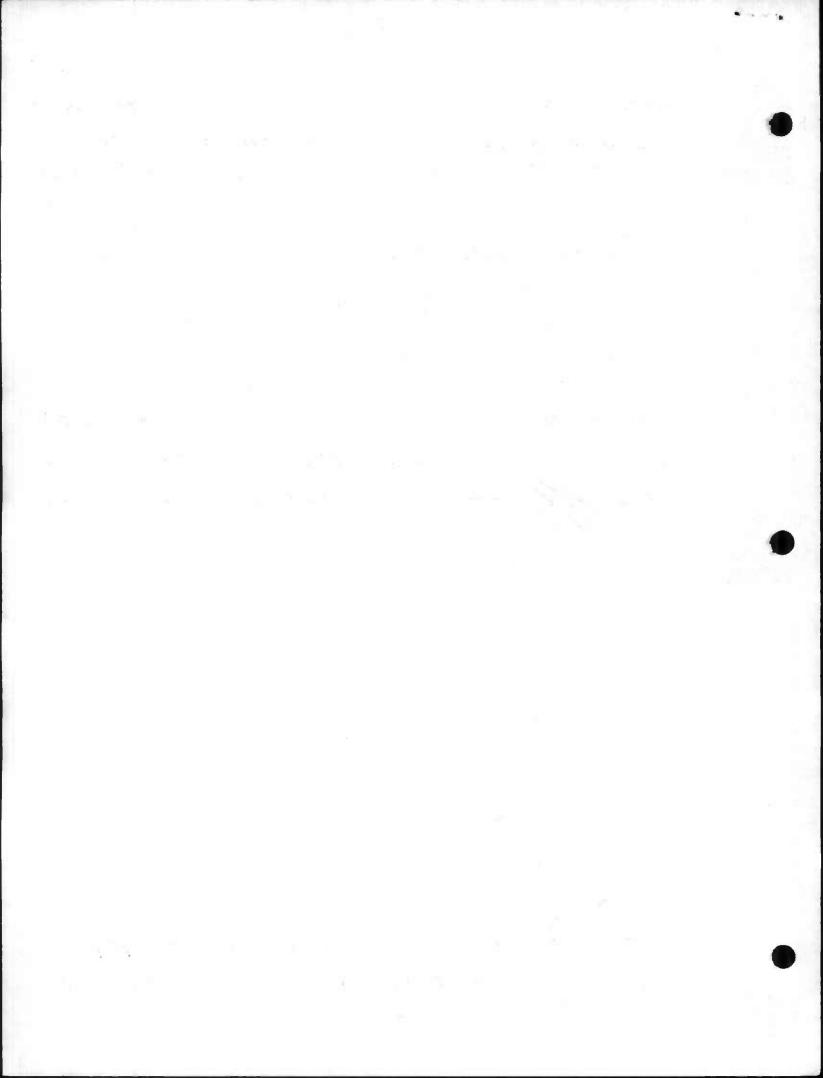
		1. DECEDENT'S NAME (First Berth		nett								2. DATI	E OF DEATH	5	9E49	3. TIME OF DEATH 11:21 P
		4. SOCIAL SECURITY NUM 215-09-694		5. SEX	8. AGE (In			IF UNDER	1 YEAR	IF UNDER	24 HRS.	(Mon	OF BIRTH		B. BIRTH	IPLACE (State or Foreign
pinc		as. FACILITY NAME (If not it		1 M 2 X F	,	94	YRS.			1 1	1723	_	il 10	1902		yland
, 2, 3 should	DIRECTOR	Maryland M	asonic				- 1			OR LOCATI		EATN			timo	
ages 1	REC	10a. STATE	10b. COUNT				10c, CITY,	TOWN O	R LOCA	TION						10d. INSIDE CITY LIMITS?
mit. P.		Maryland		imore			Cock	eys	-							1 TYES 2 X NO
sit per	FUNERAL	300 Intern		1 Circle						1. ZIP CODI 21030						WHAT COUNTRY?
ul-trans	SNE	11. MARITAL STATUS	attona	12. WAS DECEDEN	IT EVER IN U	U.S. ARM	ED	13. V				IIC OBIGI	N? (Specify			States - American Indian.
the buria	ВУ	1 Never Married 2 3 Widowed 4 Dive		FORCES? 1	YES	2 X NO)	- 11	yes, sp	oecify Cubs	n, Maxica Specify	n, Pusrto	Rican, etc.)	100 01 110	Speci	c, White, etc.
attern ISe as	ETED	15. DEC (Specify on	EDENT'S EDU y highest grade	CATION completed)	1	16a. DECI	EDENT'S U	SUAL OC	CUPATIO	ON net of workin	m	166	b. KIND OF E	BUSINESS/IN	DUSTRY	
d for u	, LE	Elementary/Secondary (College (1-4 or 5	+)	IIIa, E	Do NOT use	retired.)		out or works	·9	١,				
detache once.	OMF	17. FATHER'S NAME (First, A	liddle, Last)			Pay	roll	сте	CK	te Morri	JED'S NA	_			t Adı	ministratio
5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TO BE COMPL	Edward	, , , , , ,	Zimmerm	an		18. MOTHER'S NAME (First, Middle, Meidlen Surmeme) Harriet Katherine Zimmer								mern	nan
5 should		19s. INFORMANT'S NAME (ch.		19b.	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								1 1 010/0	
page d		20 METHOD OF DISPOSIT		CII	20h B		10221 Bent Creek Road Ocean City, Marylan									
rector, p		1 A Burlsi 2 Cremation 3 Removal from State cemetery, crematory or other place) 4 Donestion 5 Other (Specify) Glen Haven Memorial Park 7/18 Glen Burnie														
e funeral dir il.		22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home, Inc.														, 110
the fun		23. PART I. Enter the diseases, Dr complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest. Approximate														
non-minimate and one of the control		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Approximate interval Between Onset and Death														
tely fill mation		disease or condition												IWK		
somple al, cre		DUE TO (OR AS A CONSEQUENCE OF):														
signed by the attending physician and completely filling the the attending physician and completely filling the the third hygiene prior to burial, cremation, the was any injury, or other traumatic event, the	CERTIFICATION	Sequentially list conditions, If any leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
nysicia prior	CAI	cause. Enter UNDERLYING CAUSE (Disease or injury														
ding pl	TIF	that initieted events resulting in death) LAST														
atten ental H	CEF			d											-	
been signed by the att. of Health and Mental shows any injury.	AL.			a contributing to	t not rea	t resulting in the underlying couse given in Pa							AN AUTOPSY ORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
igned lealth vs an	EDICAL	dement											1 TYES	2 NO		COMPLETION OF CAUSE DF DEATH?
been s t. of H	Σ						-				_	_				1 YES 2 NO
ficate has b State Dept.	SICIAN:	25. WAS CASE REFERRED T	O MEDICAL						28. Pt	LACE OF D	EATH (Che	ock only o	ne)			
he Sta	YSIG	1 TYES 2 NO		HOSPITAL:	ER/Outpet	tient 3	DOA 4	Nursi		ne 5 🗆 Re	aldencs	8 🗆 Othe	er (Specify)			
this ce with ti	РНҮ	27. MANNER OF DEATN 1 X Natural 5	Pending	28s. DATE OF (Month, D			28b. TIME (WO	JURY AT ORK?		28d. DE	SCRIBE NOV	V INJURY OC	CURED	
i: After this c r death with is marked,	ВУ	2 Accident Investigation 28s PLACE OF INSIDY - At home form steed feature of								YES 2	NO	281. LOC	CATION (Street	at and Number	or Burnt B	huda Membar
DIRECTOR: After this certificate has been hours after death with the State Dept. of Item 28 is marked, or Item 23 sho	ETE	4 Nomicide datermined building, etc. (Specify)									City	or Town, Sta	(e)	01 11010111	oute Hambel,	
4 R =	COMPL			CIAN: To the best of R: On the basis of a) and manner as stated.
E FUNERAL 1 within 72 RTANT: 11	E CC	29b. SIGNATURE AND TITLE								29c. LICE			und piaca,			(Month, Day, Year)
BE FILE FUNER be filed within IMPORTANT:	0 86	Orung	Bei	nes N	10						20			> 4	116	196
A	F	30. NAME AND ADDRESS OF	2 ^	COMPLETED CAUS	SE OF DEAT	H (ITEM:	27) (Type, P	rine)	77	. 7	2.0		the	.00.	407	21090
10		31. DATE FILED (Month, Day)	36	12 AEGISTA	IR'S SIGNAT	AL A	02	ica	27	X 2		<u></u>	ight	ville	. v i d	21015
		JOLITO 13	30	d	(400) 4-1	-										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 20964

						Certifica	ate of	Death		Reg. No.		20004
	Dhueis	ian	1. Decedent's Neme (First, Middle, Las						2. Dete of De Month	eth	Vaar	3. Time of Death
	Physic /Medi		WALTER G. BIRT	rs					JUL	y Pei,	1996	4:45a.m
1	Exami		4a. Fecility Neme (If not institution, give	street and number)			4	b. City, Town, or	Location of Deet	h 4c. Count	y of Death	
			THE JOHNS HOPK		ral				RE CITY		n/	a
	Funeral Director		5. Sociel Security Number 6. Sr 157-03-6870	ex	e (In yrs. lest i	Yrs. If Und Month	er 1 Yeer s Deys	If Under 24 Hrs Hours Min	8. Dete of Bin (Month, Di SEPT 1	4,1918	9. Birthp Court	olece (State or Foreign CAROLINA
	pue *		10a. Stete 10b. County		10c. City, To	own or Location						Od. Inside City Limits
	tha Marylen 28a-f ehow porfied at	Director	MD n/a	1		BALTIMO						1XXYes 2□No
	s 23a or		6136 ST. R EGI	S AVENUE		IMORE)		1206		10g. Chizen of UNITED	STA	TES
21215-0020	72 hours after death with the Maryland "naturel", or items 23s or 28s-f show edical Exercites trust to notified at	by Funeral	11. Merital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces? VAYes 2 1 If Yes, Give Yeer or Detes:			edent of Hoecify Cube	ispenic Origin? (5 on, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	Special	ce - Americ cck, White, fy: BL	
5-0	72 hc	Completed	15. Decedent's Ed (Specify only highest grad	ucation		ia. Decedent's Us	suel Occup	etion during most of wa	ndkina	16b. Kind of E	susiness/Inc	dustry
121	d within giana. r than	효	Elementery/Secondery (0-12)	College (1-4or 5	i+)	ire. DO NOT	use retired	"	TANING .	=		
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/land	should be find the marked of imatic ever	To Be	17. Fether's Neme (First, Middle, Last) ALFRED BIRTS	5				18. Mothers Ne	me (First, Middle	, Meiden Sumei	ne)	
, Maryland	2 2 2		19e. Informent'e Neme/Reletionship (7 ROSE ANN BI	ype, Print) RTS	19	9b. Melling Addre						206 apt. H
Baltimore,	permit. Pagas 1 and Department of Haelth Important: If Item 27 any Injury or other to page.		20a. Method of Disposition XIX Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify		ceme	of Disposition (A tery, cremetory of RGREEN	r other pled	TERY	Dete 7 – 17	20c. Location CAMDEN	- 1	
Balt	pemit. Pag Department Important: I any injury o		21. Signeture of Funerel Servica Licens	500				ss of Fecility	1101	E. NORT	H AVE	,BALTO.,MD
			23a. Pert1. Enter the disease, or conditions shock, or heart feilure. List up to	cetions thet caused	the deeth. De							Approximete Interval Between
	Physician /Medical Examiner	er	Immediate Cause (Finel disease or condition resulting in death)	e. Qana	reno	as Cho	ley	,		R		Onset end Death
	d ansit	edical Examiner	•	b. Sevi		erisics.	Α.				- 1	our
Ć.	anec n an ial-tr	EX	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying		Due to (or es i	e consequence o	1).					
68760,	s bur	cal	thet initiated events	c	Due to (or es e	consequence of	7.					
	certificate be axecuted iding physicien and ise as the buriel-transit	~	resulting in death) Lest	d	00010 (0100	3 001304001100 01	<i>.</i>					
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ecord	aw requires thet the deeth cells been signed by the ettandit	Completed	POT CABL							en autopsy ormed?	ave coi	ere autopsy findings eileble prior to mpletion of cause death?
Œ.	The la	E O	,						10	Yes 2 No	10	Yes 2500
ta	rtifice stor, p	Bec	25. Wes case referred to medical					26. Pleca of De	eth (Check only	one)		
>	nysic lis ce	To	examiner? 1 ☐ Yes 2X No	Hospitel:	nt 2 ER/C	Outpatient 3 0	OOA Oth	DE.	Home 5□ Reai		ner (Specify	y)
Division of Vital Records,	or Attending Physicien: The law requires that the death certificate be assocuted aftar death. Director: Aftar this certificate hes been signed by the ettending physicien and in by the funaral director, page 2 should be deteched for use as the burtal-transit.		27. Menne of Deeth 1 Netural 5 Pending 2 Accident investigation	28a. Dete of Injur (Month, De)	Year) 28b	. Time of Injury M	28c. Injun Work	ret ⟨? Yes 2 □ No	28d. Describe	how injury occur	red	
DIVIS	한부층드	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Piece of Injubuliding, etc.	iry - At home. . (Specify)	ferm, street, fecto	ory, office		28f. Location (City or To	Street and Num wn, Stete)	ber or Rure	I Route Number,
0	To the Funeral I	edical	29a. Certifier (Check only one) 1 Certifying Phy 2 Madical Exami	sicien: To the best of iner: On the bests of end menner ste	examinetion e	ge, death occurre and/or investigetion	d et the tim on, in my op	ne, dete end piece Dinion, deeth occi	e, and due to the urred et the time,	cause(s) and m dete end plece,	anner as st and due to	eted. the cause(s)
_	Tota	Σ	29b. Signature and title of certifier			2	9c. License			29d. Dete signe	d (Month,	Dey, Year)
			▶ WINVEN	- mic			AJ	41473	57	7/1	19	6
			30. Name and address of person who co	Johns H	oeth (Item 23a	(Type, Print) Hopit		, Balt	i more	, M	anyl	and
	Sta Registr	_	31. Dete file Winth Day Young	32. Registra	r's Signature	602						



Piease Type or Print in Biack indelibie ink. Assure Ali Copies Are Legibie. ITEM: 5. PER F'.H. F'ILM G-738 State of Maryland / Department of Health and Mental Hygiene 20965 8/27/96 t.t Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** BRANCH SR Month JULY Year GEVRGE 1:10 AM 96 15 /Medical 4e. Facility Neme (if not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Degs **Examiner** 7. Age (in yrs. lest birthdey) sce (State or Foreign **Funeral** Days 12M 20 F Yrs. Director Usuel Residence of Decedent the Meryland 10e. Stete 10b. County 10c. City, Town or Location r than "naturel", or items 23a or 28a-f show the Medical Examiner must be notified at 10d. Inside City Limits 1 2 Yes 2 □ No Director 10e. Stre end Number 10f. Zlp Code 10g. Citizen of What Country? deeth Funeral 12. Wes Decedent Ever In U,S. Armed Forcas? 1 ☐ Yes 2 ② No Rece - American Indien, Bleck, White, etc. 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 1 Never Married 2 Married Yes 2D Yes, Give Baltimore, Maryland 21215-0020 1 Yes 2 No Specify by 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life, DO NOT use retired) 18b. Kind of Business/Industry permit. Pages I and 2 should be filed withit Depertment of Heelih and Mentel Hyglens Important: if Item 27 is marked other than eny injury or other traumerin ondary (0-12) College (1-4or 5+) 127767 18. Mother's Neme (First, Middle, ne (First, Middle, Last) Meiden Sumeme) Be 19e. Moment's Neme/Re 19b, Meiling Address (Street end Number of 20b. Plece of Disposition (Neme of camptery, cremetory or other 20e. Method of Disposition 1 Burial 2 Gremetlon 4 Donetion Other (Specify) ese, or complications that caused the death. Do not enter e. List only one cause on each line. Approximete / interval Between Onset end Deeth Physician /Medical Cause (Finel why disease or condition resulting in deeth) Examiner Examiner physician and s the burial-transit The law requires that the deeth certificete be axecuted Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in death) Last Due to (or es e consequence of): Carlingspall Records, P.O. Box 68760 Physician/Medical use as the ettending p Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. detached 23b. Did tobacco use contribute to the cause of death? been signed by the should be detached 15000 2□ No 3 Probably 4 Unknown ð certificate has been si irector, page 2 should Be Completed 24b. Were autopsy findings evelleble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? 1 Tyes 1 Yes 2 No Division of Vital Hospital or Attending Physician: 25. Wes case referred to medical exeminer? 28. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 70 1 Inpatient 2 ER/Outpetient 3 DOA this 27. Menner of Deeth Neturel 28c. Injury el Work? Certification: 28d. Describe how Injury occurred After t 5 Pending investigation deeth. 1 Yes 2 No To the Hospital or Attenditional within 24 hours after deeth.

To the Funeral Director: A completely filled in by tha fi 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Tertifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as steted.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end menner steted. 29e. Certifier Medicai (Check only

State Registrar 31. Dete filed (Month, Dey, Year) JUL1 6 1996

29b. Signeture end title of cartifier

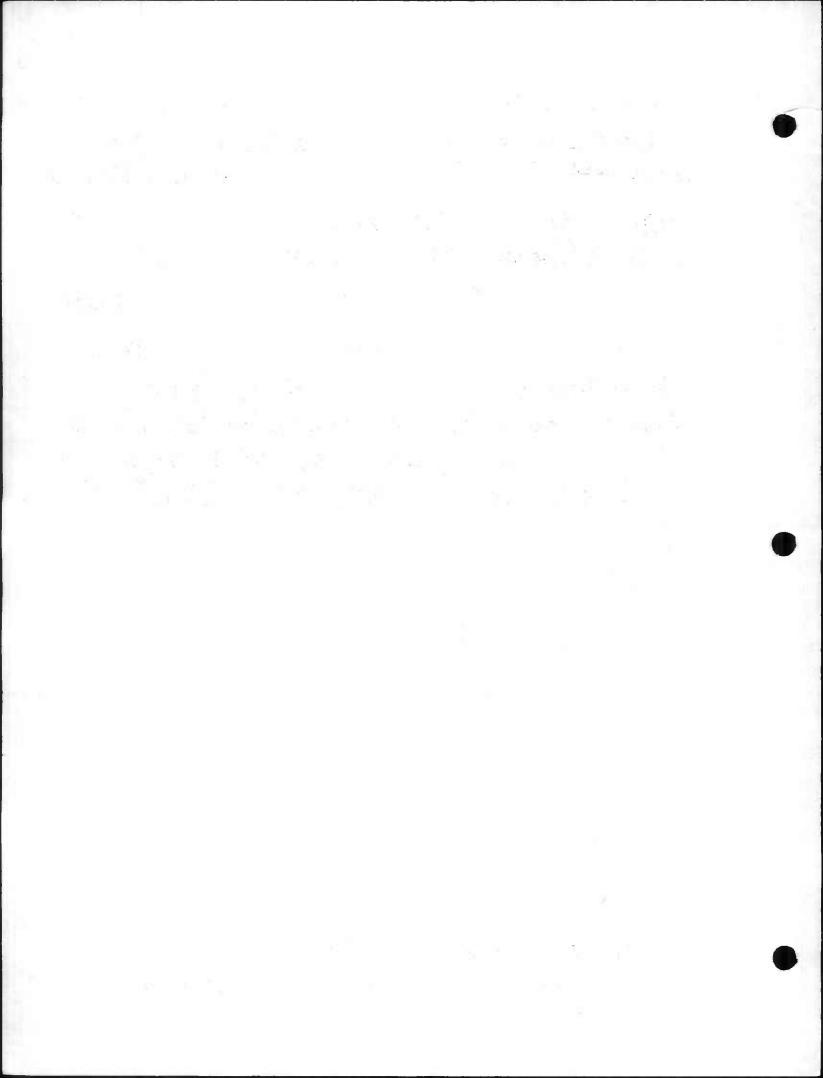
30. Neme and eddress of person who completed cause of deeth (Item 23a) (Type, Print) 700 Washington Sulia Laufenstrars Broken

26 25 6

29c. License number

Beltimore M9 2/230

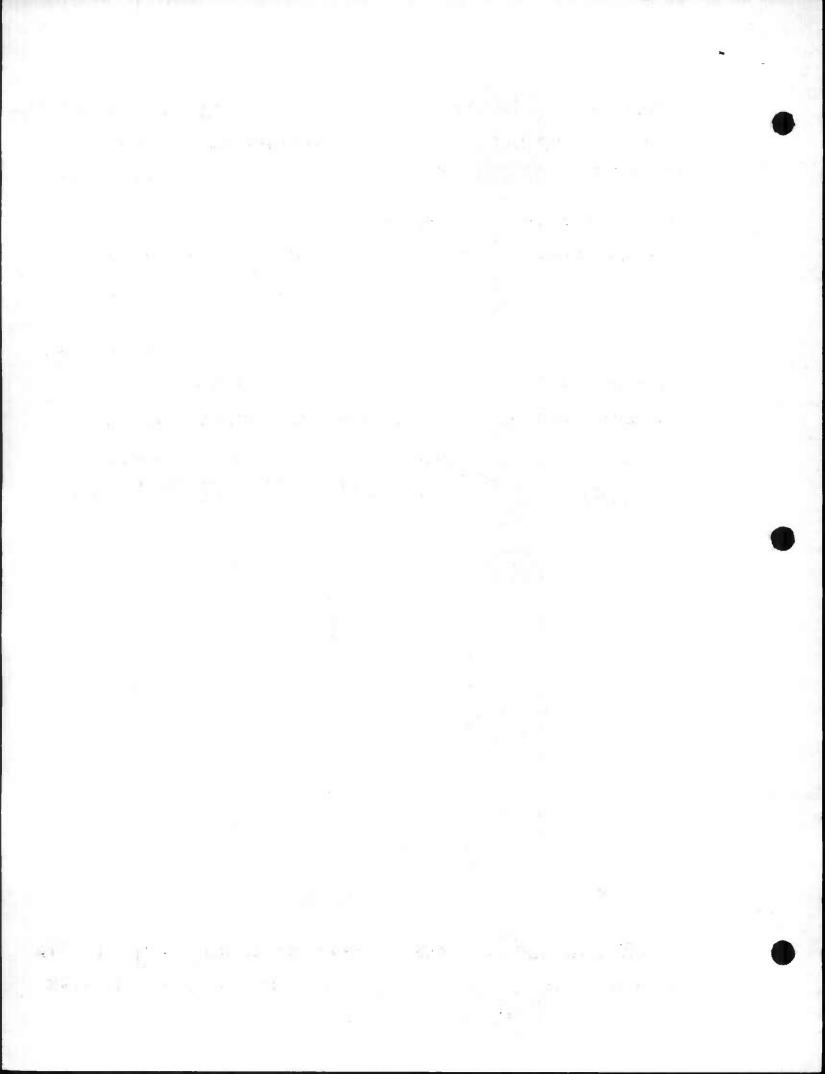
29d. Date signed (Month, Dey, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

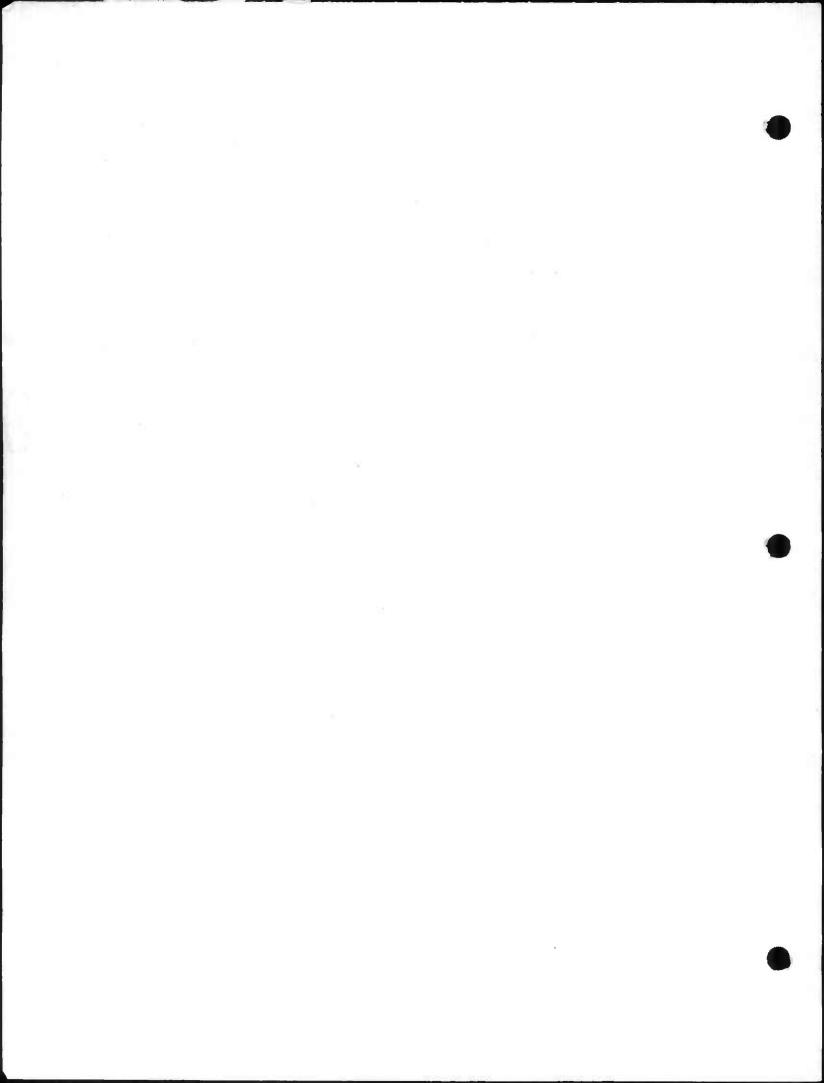
State of Maryland / Department of Health and Mental Hygiene 96 20966

	~					Cert	ificate of	Death		Reg. No.	V foo	0 7 0 0	
			1. Decedent's Nama (First, Middle, La	ist)					2. Data of E	eath	Vaar	3. Tima of Death	
	Physic /Medi		Joseph	Bras	Fa				JULU	Day	1996	20:54	
	Exami		4a. Facility Nama (If not Institution, gir	ve street and numbar)				4b. City, Town,	or Location of De	th 4c. Count	y of Daath		
			Sinai Hos	oital				Baltin	nore.		N/A		
	Funeral				a (In yrs. last	birthday)	If Undar 1 Yaar Months Days		in. 8. Data of B	irth	9. Birthp	placa (Stata or Foreign	
ш	Director		403-22-9367	1⊠M 2□ F	83	Yrs.	Worting Days	Tiodis II		5, 1912		Jersey	
	pu ,	1	Usual Rasidance of Decedant 10a. Stata 10b. County		10c. City, To		-41						
	aryla show	<u>_</u>			Too. City, To	DWII OF LOC	ation					0d. Insida City Limits 1 ☐ Yas 2√☐ No	
	Na M	ecto	Maryland Baltin	nore	P:	ikesv							
	vith it	Director	10e. Street and Number				10f. Zlp Coda			10g. Citizan of	What Cour	itry?	
15-0020	ath v	Funeral	7108 Plymouth Roa			-		21208		United			
	ar de	une	11. Marital Status	12. Was Decedant Armed Forcas?		13. W	as Decedant of Yas, specify Cub	Hispanic Origin? an, Maxican, Pu	(Specify Yas or Narto Rican, atc.)	lo- 14. Ra Bia	ce - Amaric		
	d 2 should be filed within 72 hours after death with the Maryland the and Mantal Hygiene. The marked other than "natural", or itema 23e or 28e-f show traumatic event, the Medical Evantines must be notified as	by F	1 Navar Married 2 Married	1 ☐ Yas 2 ☐ It Yas, Giva	10	1[1 □ Yas 2 및 No Specify:			Speci	b: Wh:	ite	
	hour	q p	3 ☐ Widowed 4 ☐ Divorced	Yaar or Datas:									
	nat notice	Completed	15. Decedant's E (Specify only highest gr	ducation ade completed)	16	16a. Decedent's Usual Occupation (Give kind of work done during mos life. DO NOT use retired)			working	16b. Kind of E	Businass/In	Justry	
12	filed within Hygiena. ther than "	m	Elamantary/Secondary (0-12)	Collega (1-4or 5	i+)			1 0)					
7	filed with Hygiena. ther than		11th grade 17. Fathar's Nama (First, Middle, Last	llth grade		Mailer			Nama (First, Midd			wspapers	
re, Marylan	d d o o	Be	Salvatore Brafa	,					ta DiPie				
	2 should be fi and Mantal H is marked out	To		Time Dien		OF AL-HI-	A 44 (04				01-1-71-	0.71	
	han her		Mrs. Hester Brafa		1				Rurel Route Num				
	laai Haai Ther		20a. Mathod of Disposition	a Wife	20h Place		Plymout	n koad	P1KesV1	11e, MD	212(
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н			23a. Part Enter the disease, or com	plications that caused ona cause on each li	tha daath.	antai	tha moda of dy	ing, such as card	diac or raspiratory	arrest,		Approximata intarval Between	
	Physician		Immediate Causa (Final disease or condition rasuling in death) a. Gastro-Intestinal Hemorrhage 6 Days									Onset and Death	
	/Medical Examiner											6 Days	
	LAMITUTE		rasulting in death)	u	Due to (or as		-			9		0	
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	requires that the death certificate be assocuted en signed by the attending physician and hould be datached for use as the burial-transit	хаш	Sequentially list conditions,				1						
50,	cian cian	E	Sequantially list conditions, if any, leading to immadiata causa. Entar Undarlying Cause (Disaase or injury										
68760,	sata Shysi the	edical	that initiated avants rasulting in death) Last			į							
	entific ding p	15 1		d							i		
Box	aath cert attendin for usa	lan											
	ras that tha da signed by tha I be datached	ysic	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.							23b. Did tobacco use contribute to the cause of death?			
P.0	d by	Physician/									3 Pro	bably 4 ☐ Unknown	
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n			27. Mannar of Death 1 X Natural 5 ☐ Panding	28a. Data of inju (Month, Da)	y Year) 28t	o. Tima of Injury	28c. inju	iry at ork?	28d, Dascrib	e how Injury occu	rred		
30	Attending ir death. ector: Aftai by the fune	atle	2 ☐ Accident invastigatio	n			M 1]Yas 2□No	lo				
Division	aftar d Direct	Certification:	3 ☐ Suicida 6 ☐ Could not b datarminad		farm, stree	et, factory, office		28f. Location City or T	eation (Street and Number or Rural Route Number, or Town, State)				
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1	P 8		29b. Signatura and titla of certifiar	. 0			29c. Lican	sa number		29d. Data sign	ed (Month,	uay, Year)	
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OR ATTEN	DIRECTOR: After this certificate has been signed by the attending physician and or	Hours after
HE HOSPITAL OR ATTENDING PH	IE FUNERAL DIRECTOR	ed within 72 hours after death with the State Dept. of Health and Mental Hygiene p
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	1 - STATE REGISTRAR		CERTIFICATE		MENTAL HYGIEN REG. NO.	C				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	N YI	3. TIME OF DEATH			
		stic			Tuly		96 5:14 8			
	4. SOCIAL SECURITY NUMBER		i. last birthday) IF UNDER MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	229-24-4588		O YRS.	THE STATE OF THE S	May 22,192	26	Virginia			
<u>ac</u>	9e. FACILITY NAME (If not institution, give str	eet end number)	9b. CITY,	TOWN OR LOCATION OF I	DEATH	9c. COUNTY	OF DEATH			
18	RESIDENCE OF DECEDENT	orial Hosp	iral Bo	21 rimore	City	Balti	more City			
DIREC	10e. STATE 10b. COUNTY		10c. CITY, TOWN O				10d. INSIDE CITY LIMITS?			
	Maryland 100. STREET AND NUMBER	Balto. City	Ba.	Itimore			1 VES 2 NO			
ERAL	THE DESCRIPTION OF THE PROPERTY OF	D 3		IUI. ZIP CODE	0.001.1	10g. CITIZEN	OF WHAT COUNTRY?			
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	1 Never Married 2 Merried	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO H	yes, specify Cuben, Mexic ☐ YES 2 → NO Spec	en, Puarto Rican, etc.)	14.	Bleck, White, etc.			
BY	3 X Widowed 4 Divorced	ii res, are ran on pares		TES 2 X NO Spec	ny.		Specify: white			
0	15. DECEDENT'S EDUC (Specify only highest grade of	ATION 16s	. DECEDENT'S USUAL OC (Give kind of work done of		16b. KIND OF BUS	SINESS/INDUS	TRY			
ET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use retired.)	and most of working	Penn F	Railroa	d Station			
COMPL	7		Hostess							
00	17. FATHER'S NAME (First, Middle, Last) David William Cont	ner		18. MOTHER'S NAME (First, Middle, Meiden Surname) EVa F. Plott						
BE		ICI								
2	190. INFORMANT'S NAME (Type/Print) Linda Reuther (Dat	achtor)		(Street end Number or Rura						
•							yland 21211			
	20a. METHOD OF DISPOSITION XXBuriel 2 Cremetion 3 Remo	cemeter)	ACE AND DATE OF DISPOSI (, crematory or other place)	TION (Name of			or Town, State			
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	3631 Falls Road Baltimore, MD 21211									
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	IMMEDIATE CAUSE (Final disease or condition									
	resulting in dasth)	- I-ungal	NSEQUENCE OF):				'tase			
			•				100			
O	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CALLER Officers or labels. Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Revol Failure 3 day									
AT										
F	CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. Coronary Artery Disease 1548									
ERTIFICATION										
$\ddot{\circ}$	PART if. Other algorificant conditions	contribution to death but a	ot resulting in the un	derlylan sausa alusa I	- Post i Dec uno es	ALCODON	ALL MISSES AUGSDAN STANDARD			
			iot recording in the un	berrying cease given i	PERFOR	RMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE			
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State of Maryland	/ Department	of Health and	Mental Hygiene

			Certificate of Death Reg. No.																	
	Dhuaisi		1. Decedent's Neme (First, Middle, Last)								te of Dee	th Dev	Year	3. Time	of Death					
	Physic /Medi		Albert Gill Bradley					Jul						8:00) A.M.					
	Exami						4b. City, Town, or Location of De Baltimore City													
	Funeral			Sax 1 ☑ M 2 ☐ F	7. Age (In yrs. I		If Under 1 Months	Year Deys	if Under	24 Hrs. Min.	8. Da	te of Birth onth, Day	Year)	9. Birthp	lece (Stata	or Foreign				
	Director		216-32-6634 Usuai Rasidenca of Decedent	190 M 20 F	91	Yrs.					May	30,	1905	Mar	yland					
land	Mo 18		10a. Steta 10b. County		10c. City	, Town or Lo	cation							1	0d. Inside (Olty Limits				
Mary	72 hours effer death with the Maryland natural", or items 23s or 28s-f show dicel Examiner must be notified at	to	Maryland n/	а		В	altimo	ore							1 🔀 Ya	s 2 No				
th the		lrec	10e. Street end Number 10f. Zip Coda								1	0g. Citizan of	Whet Coun	itry?						
3		a D	6116 Belair Road					21	206					USA						
r dea		Funeral Director	11. Meritel Status	11. Meritel Status 12. Was Decedant Ever in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? If Yas, specify Cuban, Maxican, Pu						lgin? (Sp	ecify Y	as or No- atc.)		ca - Americ						
Maryland 21215-0020	ral', or h	þ	1 Nevar Married 2 Merried 1 Yes 2 No If Yes, Give Yaar or Dates: 1 Yes 2 No Specify:							Specify:				ite						
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d 2121	then W	d I	15. Decedent's Education (Specify only highest grada complated) Elemantary/Secondery (0-12) 8 16e. Decedant's Usuel Occupetion (Give kind of work done during most of wo										Opticians							
d 2	ntal Hygiene. od other than event, tra M	ပိ	8 17. Fether's Nema (First, Middle, Las	st)		CO-F	ounder		18. Moth	er's Nam	me (First, Middle, Meiden Sumen			& Herbert						
a p	d d d	To Be	Albert C. Bradle	У								Gill		,						
aryla	mer.	-	19a. Informent's Neme/Relationship	(Type, Print)		19b. Mailin	g Address (Street					, City or Town	, Stete, Zip	Code)					
M &	= ~ ~		Mrs. Alma J. Bra	dley		116	W. Kir	nas	ton P	ark	Lan	e. Mi	ddle R	iver.	Md.	21220				
ore ss 1 e	certificate be executed XT Number of Heal in Control of Heal in Contro		20e. Method of Disposition			leca of Dispo	sition (Neme	of			Det		20c. Location							
im ged			1X Buriel 2 ☐ Cremetion 3 4 ☐ Donation 5 ☐ Othar (Spec		State	eland				7./	18/	96	Balti	more	Mary 1	and				
Baltimore,			21. Signature of Funcial Service Lic	arisae /	1		. Nama and													
ш «			22. Nama and Address of Facility Leonard J. Ruck, Inc. 5305 Harford Rd. Baltimore, Md. 21214																	
			23a. Part 1. Enter the disease, (conshock, or heert feilura. List only	mplications thet of	caused the death	. Do not ent	er tha mode	of dyir	ng, such as	cardiac	or rasp	iratory arr	ast,		Approxima Intervel Be	ata atween				
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Box eth cert	ires thet the deeth cert signed by the ettendin d be deteched for use																			
		S C	Physician	slc	ysic	scl	Part II. Other significant conditions	contributing to d	eath but not resu	iting in the ur	nderlyIng cau	se giv	en in Pert	l.	2	3b. Did to	bacco use co	entribute to	the cause	of death?
P.O								1 Yes 2 No 3 Probably				bebly 4	4 Unknown							
Records,	signe d be d	by									-									
Pegu	The lew requate hes been page 2 should	etec									24	Perfori	n eutopsy ned?	evi	ere eutopsy ailable prior apletion of	to				
Rec		Completed											14-	of	death?					
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o de	arthis and d		27. Manner of Deeth			ER/Outpatien 28b. Time of			-	ursing Ho			inca 6 □Otl ow Injury occu		v)					
Division or Attending	ath. r: Alter se fune	Certification:	1 Neturel 5 ☐ Pending 2 ☐ Accident Invastigati		(Month, Day Year) Injury Work?				k? Yas 2□No											
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9	Del per	Ce										,	, - 1 - 1							
(To be Fund To be Fund Complement	Medical	29a. Certifier Certifying F	Certifying Physician: To the best of my knowledga, death occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted. Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred et the time, date end piece, and due to the cend mannar statad.									eted. the ceuse	(s)						
-		Ž	29b. Signature and title of contrier	-			29c. L	icens	e number	2 -		2	9d. Data signi	d (Month,	Dey, Year)					
			1 / Julien 20843						23			7/13	5/96	3						
	(34 Neme and eddrass of person who											1						
	V		Dr. Luis E. Riv			4 Harf	ord Ro	oad	Bal	timo	re,	Mary	land							
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IN THE PURENAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE LINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages be many after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. THE PURENAL DIRECTOR: After this certificate has been signed by the attending physician.	
THE UNERAL OR ATTENDING P THE UNERAL DIRECTOR: After the figure of the control of	
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	est)					2. DATE OF OEATH	YEAR	3. TIME OF DEATN		
Fave M	. Blevi	ns				July 14		11:15		
4. SOCIAL SECURITY NUMBER 217–22–3076	5. SEX	6. AGE (In yrs. 86	uma I	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV • 16, 19	Coun	NPLACE (State or Foreign stry) Virginia		
9a. FACILITY NAME (If not institution, g	transfer actions			9b. CITY, TOWN	OR LOCATION OF DI	EATN	9c. COUNTY OF	of DEATH Baltimore		
Eastpoint Nu		er			Eastpo	oint	Dd.			
Md •	Baltimor	e	10c. CITY,	TOWN OR LOCA	Edg	gemere		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
10e. STREET AND NUMBER				10	f. ZIP CODE	10		WNAT COUNTRY?		
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1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W				S 2 X NO Specif	in, Puarto Rican, atc.) y:		ek, White, atc. icity: White		
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17. FATNER'S NAME (First, Middle, Last))		MAnac	ler	16. MOTNER'S NA	ME (First, Middle, Maiden S				
Dennis Moore	е				Et	ta				
19a. INFORMANT'S NAME (Type/Print)						Route Number, City or Town				
Joan McKemy		lan nun				Balitmor				
1 Burial 2 Cremation 3 1 4 Donation 5 Other (Specify)	Removal from State	cemetery,	crematory or oth				CATION — City or			
21. SIONATURE OF FUNERAL SERVICE		Metr	o Cren		ND ADDRESS OF FA	CILITY	altimor	e MD.		
DR Tib	111/0	- 00	1,1		_	eral Home o		201		
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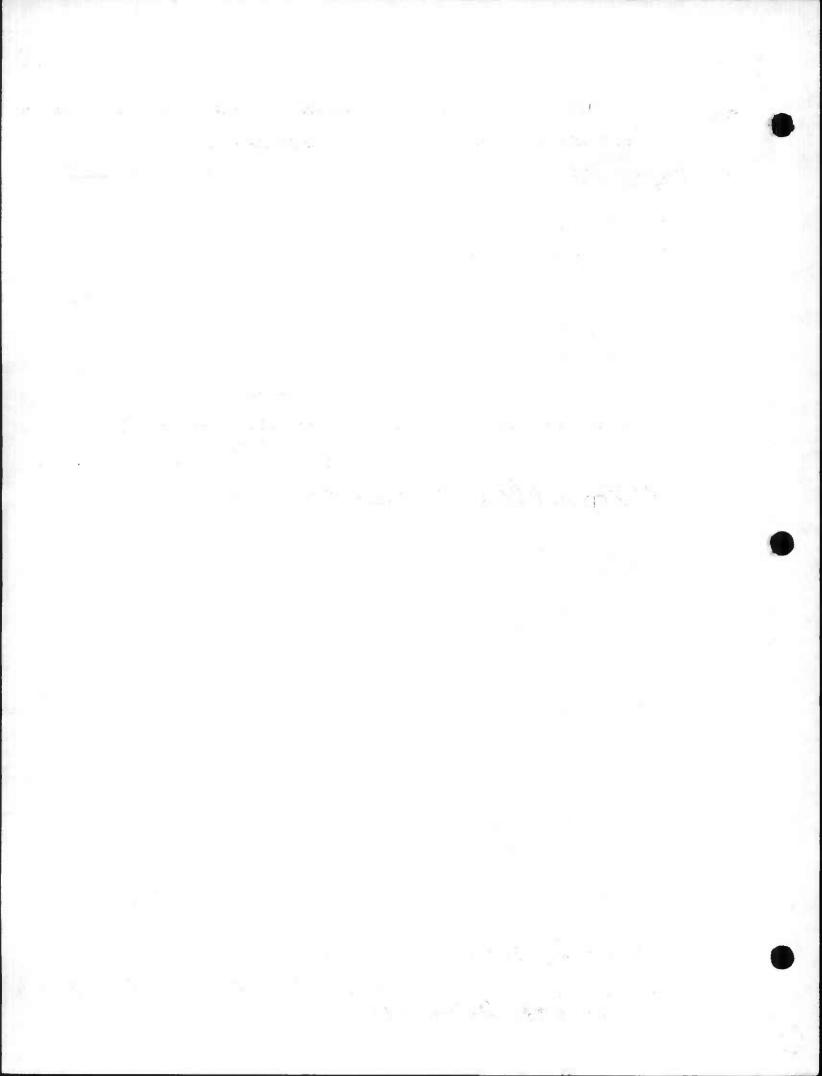
ITEMS: 9. & 22. PER F'.H. F'ILM G-737 7/16/96 t.t

State of Maryland / Department of Health and Mental Hygiene

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eath	Reg No				-			

					C	ertificate of	Death		R	eg. No.			, 0
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	Physic		CHARLES		J.	POLIN	r A NT		Month	Dey	Yaar	10.07	426
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	aho aho	_		100	c. City, Town or	Location					1	Od. Inside City L	
	N T	5	Haryland NA	1	Baltime	ore						X Yas 2	∐No
	h th	Director	10e. Street end Number			10f. Zip Code			1	0g. Citizen of	What Cour	ntry?	
	3a c		2008 Divisio	on Street		2121	7			YT CL A			
	filed within 72 hours after death with the Maryland rhyglene. ther than "natural", or items 23a or 28a-f show int, the Medical Examinar must be notified at	Funeral	11. Marital Status	12. Was Decedant Evar	in U.S. 13	3. Was Decedent of H	/ lispenic Orio	nin? (Specify)	Yes or No-	USA 14. Rad	ce - Americ	an Indian.	
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<u>r</u>			20a. Method of Disposition		b. Piece of Dis	position (Name of remetory or other plea		7/12	te	20c. Location			
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Vital	Physician: The this certificate ral director, page	Be	25. Was case referred to medical examiner?				26. Piece	of Deeth (Ch	eck only on	е)			
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1 0			27. Manner of Deeth	28e. Date of injury (Month, Day Yea	28b. Time		y et	28d. I	Describe ho	ow injury occur	rred		
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			Dani C Lus	mound		- Ins	637			VIN	5,1	996	
	7		30. Neme and address of person who	completed cause of death	(item 23a) (Type	e, Print)		Ol v		1			
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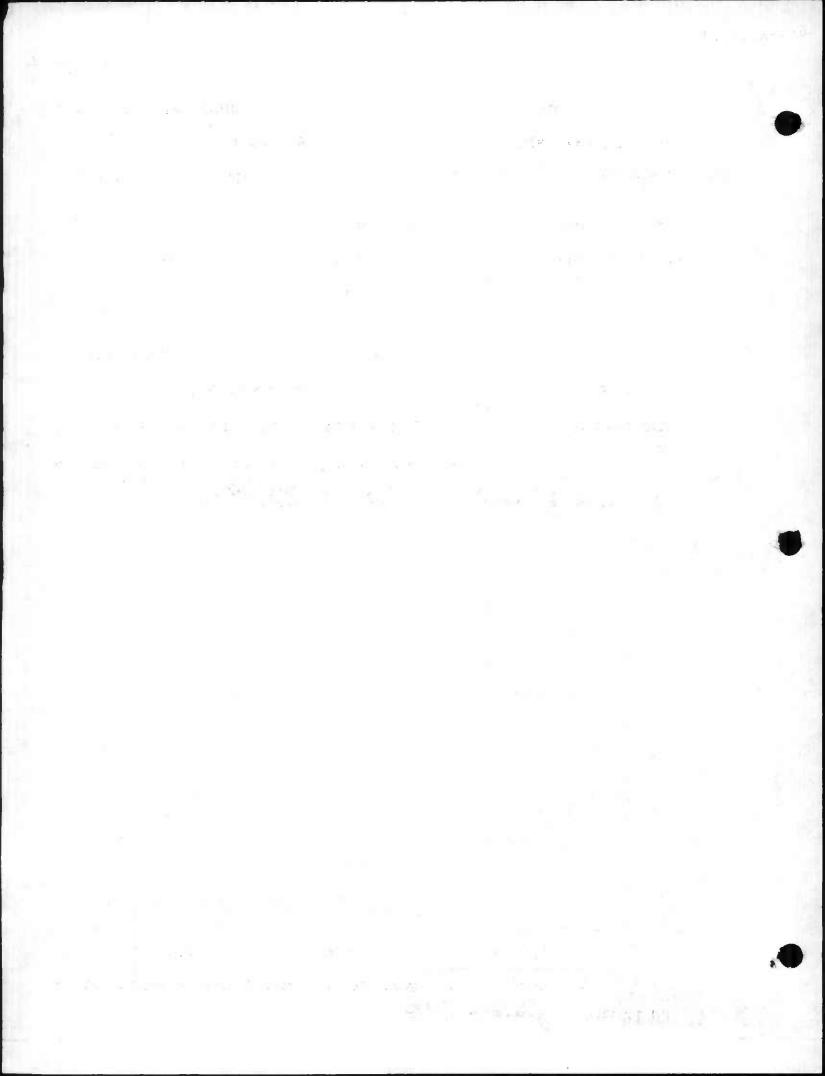
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shock, or heart failura. List or	nly one ceusa on each line	a.						Inte	arval Between set end Death			
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resulting in death) Lest	Di d	due to (or es e	consequance	of):								
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DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM: 9. PER F'.H. State of Maryland / Department of Health and Mental Hygiene FILM G-737 7/16/96 t.t Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death Month Dav Yaar **Physician** (NMN) 14 1996 CELIA CULOTTA JULY /Medical AM 4a. Facility Nama (If not institution, giva straat and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** If Undar 1 Yaar If Undar 24 Hrs. 8.
Months Days Hours Min. 531 PRITCHARD DRIVE ANNE ARUNDEL COUNTY 5. Social Security Number 8. Data of Birth (Month, Day, Year) 9. Birthplaca (State or Foreig Country) COLORADO 7. Aga (In yrs. last birthday) **Funeral** Days 1 □ M 2 K F 88 Vre **Director** 220-48-2661 COLORODA 9/5/1907 Usual Residence of Decedant permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylan Department of Heelih and Mental Hygiene.
Important: If item 27 is marked other than "natural", or items 23s or 28s-f ahow with inury or other traumatic event, the Medical Examiner must be notified at angle. 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida Cltv Limits 1 Yas 2 No Directo MARYLAND ANNE ARUNDEL LINTHICUM 10e Street and Number 10g. Citizan of What Country? 10f. Zip Code Funeral 531 PRITCHARD DRIVE 21090 U.S.A. 12. Was Decedant Evar in U,S. Armed Forcas? 14. Race - Amarican Indian, Black, Whita, atc. 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 1 ☐ Yas 2X No If Yas, Giva Yaar or Datas: 1 ☐ Navar Married 2 ☐ Married 1 Yas 2 No Specify þ 3 ☐Widowed 4 ☐ Divorced Specify: WHITE Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Collaga (1-4or 5+) NONE Elamantary/Secondary (0-12) HOMEMAKER OWN HOME 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Surnama) Be 2 CAMLERRI PASOUAL LaMARTINA MARTAN 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) MARIAN J. DREXLER (DAUGHTER) 535 PRITCHARD DRIVE, LINTHICUM, MARYLAND 21090 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) NEW CATHEDRAL CEMETERY 7/18/96 BALTIMORE, MARYLAND 22. Nama and Addrass of Facility 21. Signature of Fergeral Service Licensee SINGLETON FUNERAL HOME 23a. Part1. Enter the disease of complications that plused the death shock, or hear failure. List only one cause of each line. 1 SECOND AVE. S.W., GLEN BURNIE, MARYLAND 21061
Do not enter the mode of cyling, such as cardiac or respiratory arrest, Approximate Approximata Intarval Batween Onset and Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Due to (or as a consequence of) Examine Sequentially list conditions if any, leading to immediat cause. Enter Underlying Cause (Disease or injury that inhibated events resulting in death) Last Due to for as a consequence of: physician a s the burial-Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? signed by the 21200 3 Probably 4 Unknown t 17 Yes à 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy page 2 certificate has 1 Yes 1□Yes 2□No 25. Was case referred to medical examiner? 26. Place of Death (Cheberoply one) Other: 4 Nursing Home Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Besidence 6 DOther (Specify) After this 27. Manner of D 28a. Date of Injury (Month, Day Year) 28h. Time of 28c. Injury at Work? 28d Describe how injury occurred 5 Pending investigation NONatural 1 Yes 2 No 2 Accident 6 ☐ Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

corfficate be ass Division of Vital Records, P.O. Box 68760 Hospital or Attending P 124 hours after death.
 Funeral Director: After 1

the Maryland

Baltimore, Maryland 21215-0020

29a. Certifier

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. er: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner/stateq.

29b. Signature and Mile of or

29c. License number 29d. Date signed (Month, Day, Year)

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(Itam 23a) (Typa, Print) on who completed causa of daath,

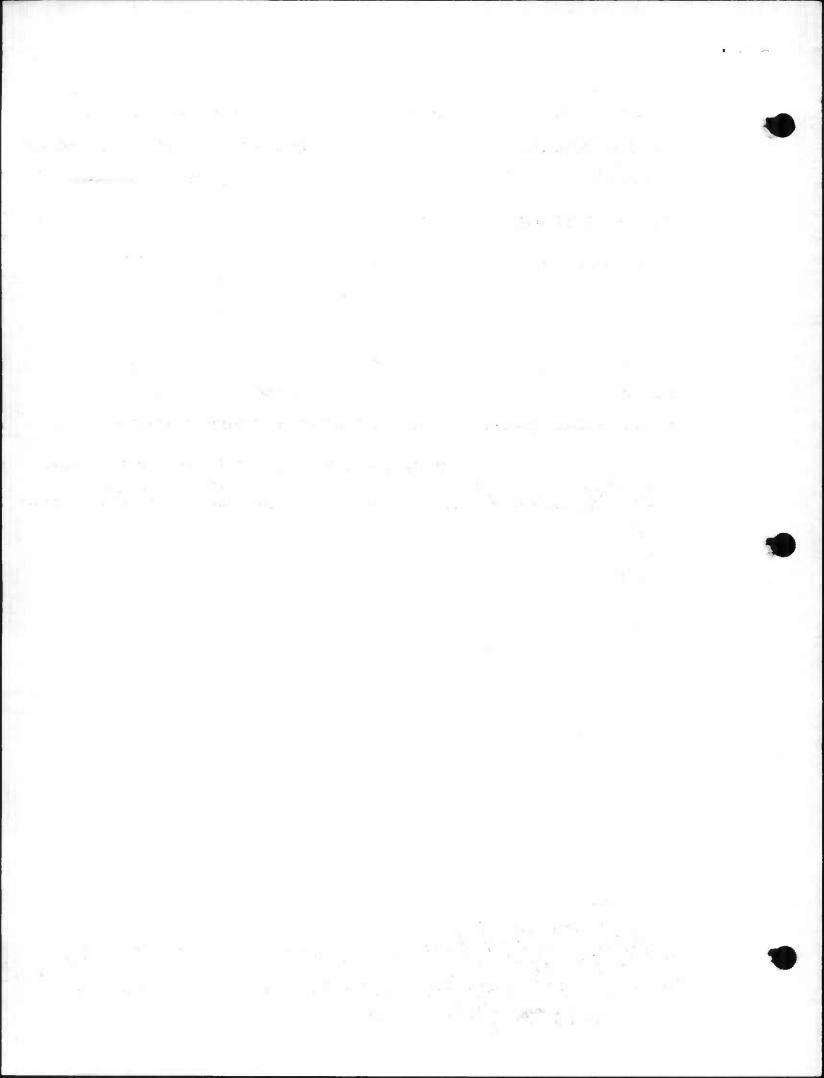
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State Registrar

Medical

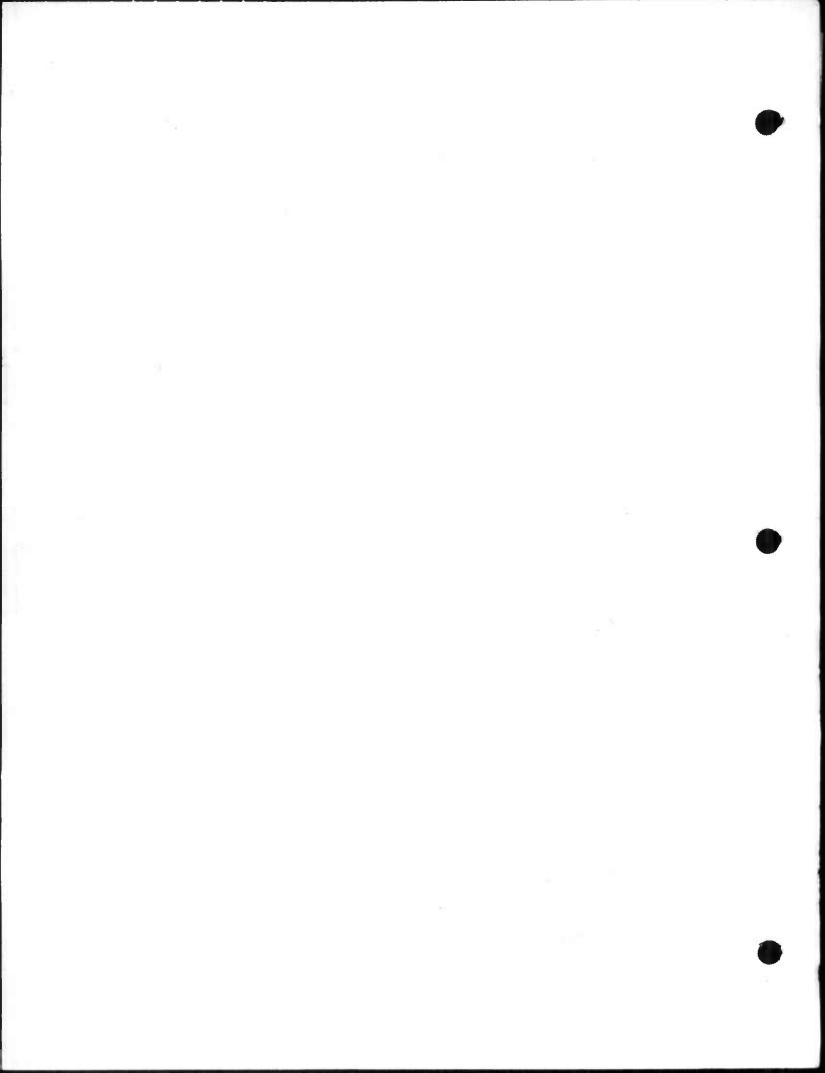
32. Registrars Signatura Rendall

To the within 2 To the



FOR 1 - STATE BEGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REG. NO.									
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020 physician. burial-trar	5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No— 14. RACE — Am Black, White Black, White	erican Indian,								
	B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:	black								
215-0 attending use as the	8	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF SUSINESS/INDUSTRY									
212		(Give kind of work done during most of working Elementary/Secondary (0-12) College (1-4 or 5+)	1								
AND 21 he hospital or detached for u	MP	12th NA Clerk Sucial Securi	z admir								
S de la		17 FATHER'S NAME (First, Middle, Last) 18. MOTHER'S MAME (First, Middle, Maiden Symame)	,								
2 2 2 W	1.0	Mary E. Dixon Illiared Hexand	der								
MAR retained 5 should notified	2	198. INFORMANT'S WAME (Type/Print) 198. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	md								
ay be	1 1	The fair with the same	-101								
	1	20e, METHOD OF DISPOSITION 1 A Burlei 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of completely, Cremetity) of other place) 20c. LOCATION - City or Town, State 20c. DOCATION - City or Town, State 20c. DOCATION - City or Town, State 20c. DOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. DOCATION - City or Town, State 20	md								
ALLIMOP leath. Page 6 m funeral director, xaminer mus		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACULTY	110								
death. Pag tuneral di t. examiner		March F. H-West									
~ 27	\vdash	23 BART I From the down Now War Bash Ave									
			Approximats Interval Between								
Fe ion a		disease or condition WETASTATIC UTBLINE CANCEL	Onset and Death								
ted within 25 completely fille (al. cremation, event, the		resulting in death) DUE TO (OR AS A CDISEQUENCE OF):	S MOMHS								
B 2 2 8	_	TO CONTROL OF INC.									
OX 68 to be executation and or rior to burit	CERTIFICATION	Sequentielly list conditions, If eny, iseding to immediate DUE TO (OR AS A CONSEQUENCE OF):									
ate be prior prior	3	cause. Enter UNDERLYING									
certificate ding physical sygiene profile profile certificate profile profile certificate profile certific		CAUSE (Disease or Injury that initiated events DUE TO (DR AS A CONSEQUENCE OF):									
7 E S - 9	15	resulting in death) LAST									
2 4 2 3 3	1 - 1	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s, WAS AN AUTOPSY 24b, WERE	AUTOPSY FINDINGS								
7 = 5 5 -	EDICAL	PERFORMED? AMAILA	BLE PRIOR TO ETION OF CAUSE								
S g g s	MED	0.05	ATH? 'ES 2 NO								
all rich s law requ has been Dept. of F	AN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN	29 2 110								
AN: The law incate has State Dep	CIA	26. WAS CASE REFERRED TO MEDICAL EXAMINER? ACCEPTABLE 26. PLACE OF DEATH (Check only one)									
ATTENDING PHYSICIAN: The law requested. After this certificate has been a safer death with the State Dept. of 1.26 is marked, or item 23 short.	YSICI	1 UPS 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
PHYSIC LINES CO. With It with It	PHY	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 29b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED									
DING PHTS After this death with	B	2 Accident Investigation # 1 YES 2 NO									
TTENDI TOR: A after do	유	3 Sulcide 6 Could not be determined 26e. PLACE DF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 26e. PLACE DF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 26e. PLACE DF INJURY — At home, farm, street, factory, offica building, stc. (Specify)	mber,								
OR ATTENDING DIRECTOR: After hours after death item 28 Is ma											
AL DIRE	MPL	29s. CERTIFIER (Check only one) One) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
	OO	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and m	anner as stated.								
THE HOSPI THE FUNEF filed within	BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month,	Day, Year)								
E PE PE PE PE PE PE PE PE PE PE PE PE PE	0	Marshall Muching 173/211 JULY 1	4 1996								
V .		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) AARCHALL FREEDINGN DO. 2 KNOLL N COLUMBIA M. 21145	/								
		31. DATE FILED (Month, Day, Year) S. BEOISTRAR'S SIGNATURE									
		JUL 1 6 1996 Fina Savidson Pendese	- ×								
7		- 1000 Martinopholipolic									



1996 YEAR

MD

9c. COUNTY OF DEATN

Baltimore

USA

16b. KINO OF BUSINESS/INDUSTRY

10g. CITIZEN OF WHAT COUNTRY?

2. DATE OF DEATH

7. DATE OF BIRTH (Morth, Day, Year)
Sept. 6, 1917

9.

July

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

30. NAME AND ADDRESS OF PERSON

BOX 68760 P.O. OF VITAL RECORDS. DIVISION

Grace Marie Carey 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 1 - M 2 - F 78 219-60-4709 Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number, 9b. CITY. TOWN OR LOCATION OF DEATN Maria Health Center, Villa Assumpta DIRECTOR Baltimore, MD RESIDENCE OF DECEDENT 18c. CITY, TOWN OR LOCATION Baltimore Baltimore permit. 10e. STREET AND NUMBER 10f. ZIP CDDE FUNERAL use as the bunal-transit 6401 N. Charles Street 21212 after death. Page 6 may be retained by the hospital or attending physician. yy the funeral director, page 5 should be detached for use as the burial-tran 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yee or No-11. MARITAL STATUS FORCES? 1 YES 2 ND If yes, specify Cuban, Mexican, Puerto Rican, etc.) Never Merried 2 Merried 1 YES 2 NO Specify: ВУ 3 Widowed 4 Divorced 18e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple (Give kind of work do life. Do NOT use retire Elementary/Secondary (0-12) College (1-4 or 5+) teache once. 17. FATHER'S NAME (First, Middle, Last) 7 Joseph Carey notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING A 2 6401 N. Bernice Feilinger SSND 9 20e. METNOD OF DISPOSITION
CD Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF must 4 ☐ Donation 5 ☐ Other (Specify) Villa Mari 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner Robert m 음 medical Enter the diseases, or complications that can be died he deeth. Do no shock, or heart failure. List only one cause on a sh line. filled in by 23. PART i. Enter the disesses, or complications that ca IMMEDIATE CAUSE (Finei the disease or condition DUE TO (OR AS A CONSEDUENCE DF): H and completely fi o burial, cremation resulting in death) traumatic event, 20 to CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE DE) if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or injury that initiated events other DUE TO (DR AS A CONSEDUENCE DF) resulting in death) LAST any injury. PHYSICIAN: MEDICAL PART ii. Other significant conditions contributing to death but not recuiting in signed by the has been signe Oept. of Health DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF OEATH : After this certificate has r death with the State Oe Is marked, or item 2 HOSPITAL: 1 - YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28e. DATE DF INJURY (Month, Day, Year) 28b. TIME XX Natural 5 Pending BY Investigation 2 Accident 28a. PLACE DF INJURY — At home, ferm, at building, etc. (Specify) 3 Suicide 6 Could not be DIRECTOR: A hours after di 69 COMPLETED 4 Nomicide 29e. CERTIFIER CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred TO THE FUNERAL IDEA TO THE MINING TO THE MINING TO THE MINING THE 2 MEDICAL EXAMINER: On the basis of examination end/or investigation 29b. SIGNATURE AND TITLE DF CERTIFIER 222 2

ETEL CAUSE OF DEATH (ITEM 27) (Type,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

96 20975

2:30

6. BIRTHPLACE (State or Foreign

10d, INSIDE CITY 1 YES 2 NO

14. RACE — American Indian, Black, White, atc.

Specify:White

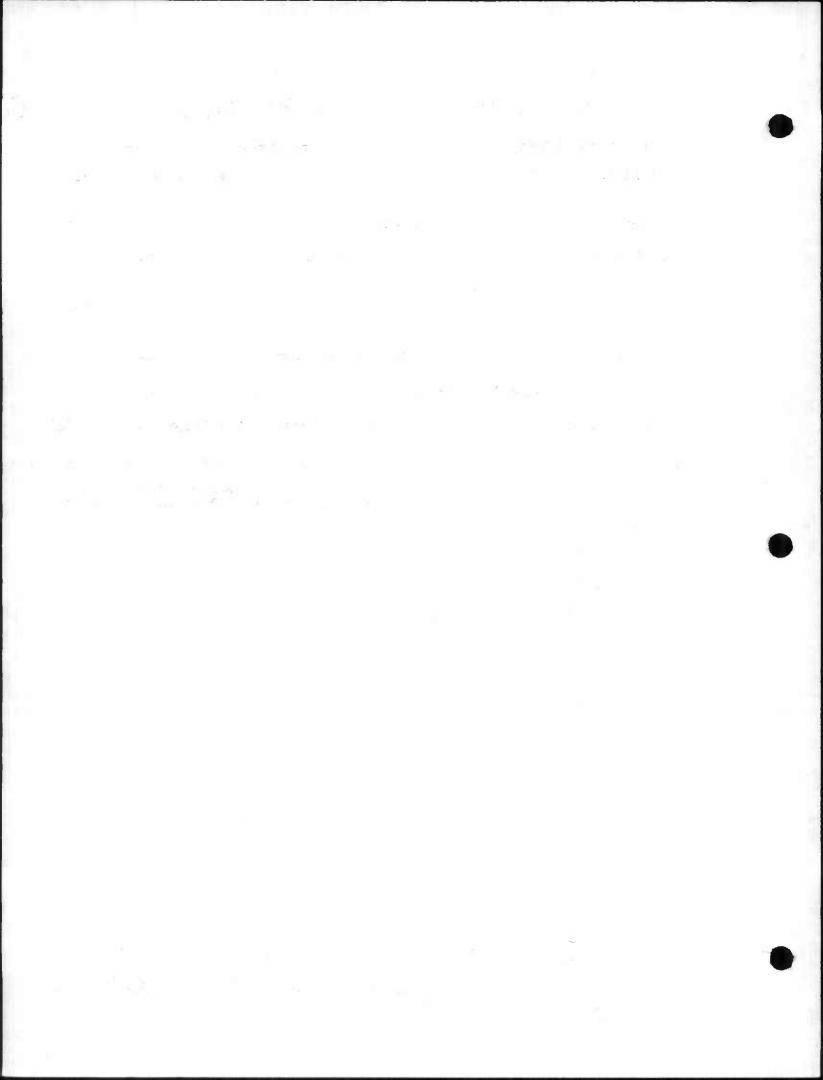
a.

retired.)		high	school,	coll	ege
	18. MOTHER'S NAME	(First, Middle, Mi	siden Surname)		
	Barbar	a Sauer	•		
DORESS (Street	end Number or Rural Ro			ode)	
Charle	s St. Bal	timore.	MD 2121	12	
DISPOSITION (N			c. LOCATION — CIT		State
a Cemet	- OMIE	/11	Elen Arm	M	
22. NAME A	ND ADDRESS OF FACIL		TEN STALL		
Mitche	ell Wiedef	eld Hon	ne 6500 3	ork	Rd. 21212
t enter the mo	ode of dying, euch	es cardisc or	respiratory srres	t,	Approximats Interval Between Onset and Death
LOW	1000	مدر			
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the undarlying	ng cauee given in P	art i. 24a, W	AS AN AUTOPSY		RE AUTOPSY FINDINGS
			ES 2 NO	CO	MPLETION OF CAUSE
					DEATH? YES 2 NO
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(Check only one					
OTHER:		□ Ost /C/4	-		
	me 5 th Residence 6		OW INJURY OCCU	RED	
RY W	ORK? YES 2 NO	iou. OLGORIBL I	1011 1110011 00001	The Control of the Co	
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eet, lectory, orn		City or Town,	State)	riurar riouse	, indiriber,
at the time, dat	e end place, end due 1	the cause(s) an	d manner as stated		
, in my opinion,	death occured at the ti	me, date end pla	ca, end due to the	ceuse(s) en	d manner ee stated.
	29c. LICENSE NUME	ER	29d. OATE S	SIGNED (Mo	onth, Day, Year)
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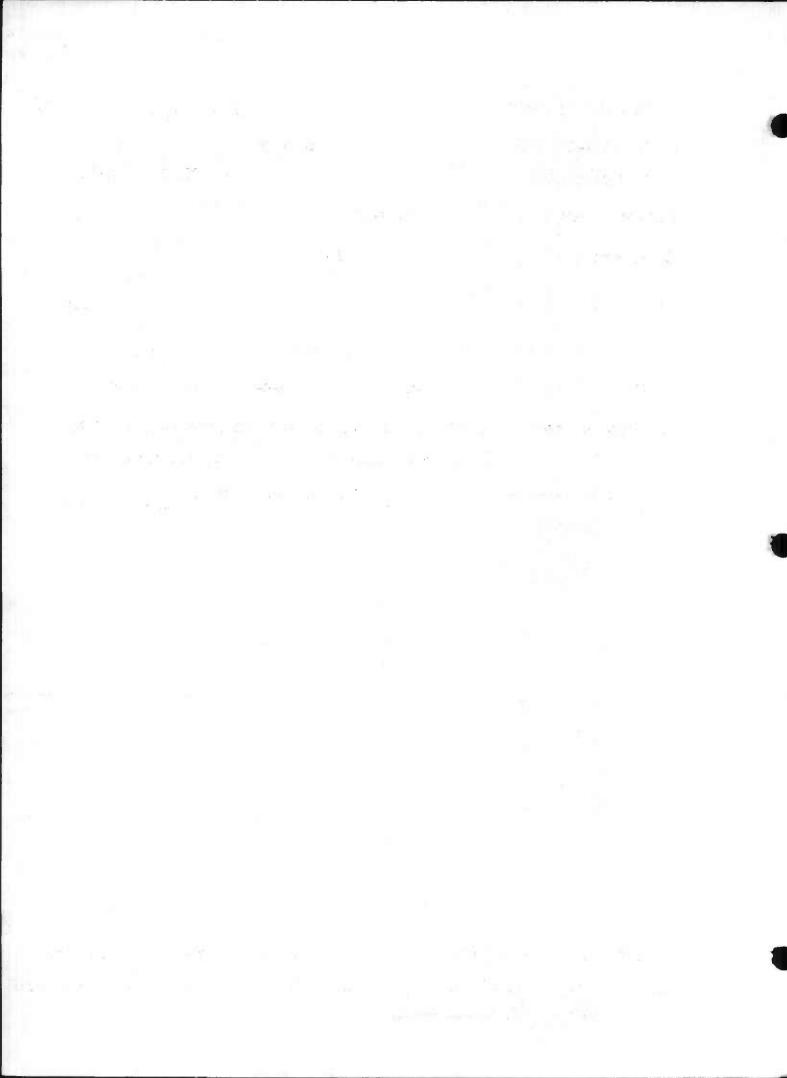
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						Cert	ificate of	Death		Reg. No.		
	Diam'r.		1. Decedent's Neme (First, Middle, L.	ast)			-1 ^		2. Dete of De		Yeer	3. Time of Death
	Physic /Medi		303	EPH	E.		CRE	ews	Sul	v 9	96	4:10 Pm
) 	Exami		4a. Facility Name (If not Institution, gi	ve street end number)				4b. City, Town	, or Location of Deet	4c. County	of Deeth	
			Bon Secours Hos	spital				Baltir	nore	N/	Α	
	Funeral Director		271 14 6235	Sex 7. Age 1 ☑ M 2 ☐ F	e (In yrs. last t		Months Deys		Hrs. 8. Dete of Bir Min. (Month, De April	y, Year)	9. Birthp Cour	plece (State or Foreign ntry) h10
pue	*		Usual Residence of Decedent 10a. State 10b. County	-	10c. City, To	wn or Loca	ation				1.	10d. Inside City Limits
he Maryl	28a-f sho	ector	Maryland N/A			imore	2					1⊠Yes 2□No
death with the Marylend	23a or 3	Funeral Director	10e. Street end Number 1141 Monroe Cir				10f. Zip Code 212			10g. Citizen of Whet Country? U • S •		
O	or He	by	11. Maritel Stetus 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Wes Decedent I Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Yeer or Detes:			as Decedent of Yes, specify Cul ☐ Yes 2(X)No		? (Specify Yes or No Puerto Rican, etc.)	Specify	Rece - American Indien, Bleck, White, etc. Polity: White	
5-0 72 hg	and Mental Hygiene. is marked other than "natural", sumatic event, me Mod cal Ex-	Completed	15. Decedent's E (Specify only highest gr	ducation	16	e. Decede	nt's Usuel Occu	petion during most of	l workina	16b. Kind of B	usiness/în	dustry
vithin	nen.	mpie	Elementery/Secondary (0-12)	College (1-4or 5	+)	life. DO	O NOT use retin	9d)	, working			
	hygier nt, th		12th			Macr	nine Ope			Корр		
anc be fi	ever	Be	17. Fether's Neme (First, Middle, Las		~			18. Mother's	Neme (First, Middle			
Nould	nd Mental Hygiene marked other that umatic event, the	10		Benjamin F		90.00	ASSESSED AND DESCRIPTION OF THE PERSON OF TH		Frances	Sunthei		
Maryland	7 is r traur		19e. Informent's Neme/Reletionship Dorothy Crews	(Type, Pnnt)					or Rural Route Numb			
1 and	Heal em 2 rther		20a, Method of Disposition		20b Place	of Disposi	Monroe		Dete	ore, Mai		
Baltimore,	permit. Pages 1 and 2. Department of Heath as Important: If Item 27 is any Injury or other tratence.		1 St Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special	(fy)	cemet	ery, creme	ethodis		7/12/96			e, Maryland
Bal			21. Signeture of Funeral Service Lice	nsee Namee ou	he		Name end Add: D1 Ritc		Gonce I	Funeral imore,		
			23e. Part1. Enter the disease for conshock, or heart feilure. List only	nplications that caused	the deeth. Do							Approximete Intervel Between
Ph	Physician		STOOK, OF FIGURE CONT.	Colo Couso Oi Ooci III								Onset end Deeth
	Medical		Immediate Cause (Final disease or condition		entic	emis	,					2 when
	kaminer		resulting in death)	9.	Due to (or es	e consequ	ence of):					Α.
8	ii.	ine		1	aligna	ut	/ lines	lows -	spire			2 months
aecut	ing physician end e es the burief-transit	Examiner	Sequentially list conditions, if env. leeding to Immediate		Due to (or es	e conseque						
68760,	ician		Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury	c							-	
587	phys the	Medical	thet initieted events resulting in death) Lest	1	Due to (or es e	conseque	ence of):				i	
X	oding Jse e			d								
BOY eath ce	attendin for use	ciai	Dod II Ohka alaa Maaa ka aadda aa						004 514			
0 \$	ed by the detached	Physician/	Pert II. Other significant conditions	contributing to death bu	it not resulting	in the und	erlying cause g	iven in Pert I.				to the cause of death?
that	signed t	by P	Diabeles wel	alue A	1001C	. St	udde.			Yes 2ETNo	3 1 110	bably 4 Unknown
of Vital Records, P.O. Box 68760, Physician: The law requires that the death certificate be executed	33 (0)	Completed b	Ayen	tourion						en eutopsy ormed?	ev	Vere eutopsy findings velleble prior to empletion of cause death?
I Rec	2 8	E O							10	Yes 28No	1[□Yes 2□No
ita ::	certificata rector, pag	Be C	25. Wes case referred to medical					26. Place of	Death (Check only			
of Vita Physician:	80 D	ToE	examiner? 1 Yes 2 No	Hospitel:	nt 2 ER/C	Outpetlent	3□ DOA O	hor	ng Home 5 ☐ Resi		ner (Specit	<i>†y)</i>
	- Affar funer		27. Menner of Deeth 1 Natural 5 Pending 2 Accident investigation	28a. Dete of Injur (Month, Day	Year) 28b	. Time of Injury	28c. Inju W		28d. Describe	how injury occur		
Division or Attending	aftar death. Director: A d in by the fi	Certification:	3 Sulcide 6 Could not be determined	28e. Place of Inju- building, etc	ry - At home, . (Specify)	farm, street, fectory, offica 28f. Location (Street end Number or Rural Route North or Town, State)					al Route Number,	
A	willyn 24 hours a To illy Eurers II completely filled	edicai C	29a. Certifier (Check only one)	nyaician: To the best o miner: On the basis of end menner sta	examinetion e	ge, deeth o	occurred at the t stigetion, In my	ime, dete end p opinion, deeth o	plece, end due to the occurred et the time,	cause(s) and made dete end place,	anner as s end due te	stated. to the cause(s)
V	T I I I	M	29b. Signeture end title of certifier	ond monnor sta	100.		29c. Licer	se number		29d. Date signe	d Month.	Dev. Year)
F	* F 0		· OF	un un				20042		2/10	194	
	11		30 Name and address & passes	nompleted	oth (the DC	\/Tu== ==				1/10/	10	
	10		30. Neme and eddress of person who	· MI	200	Utes.	Junto	~ Blue	Rotte	ware M	9/ 2	-1230
	Sta Registr		JUL 1 6 1996	32, Edgistre	ASBRAGE.							



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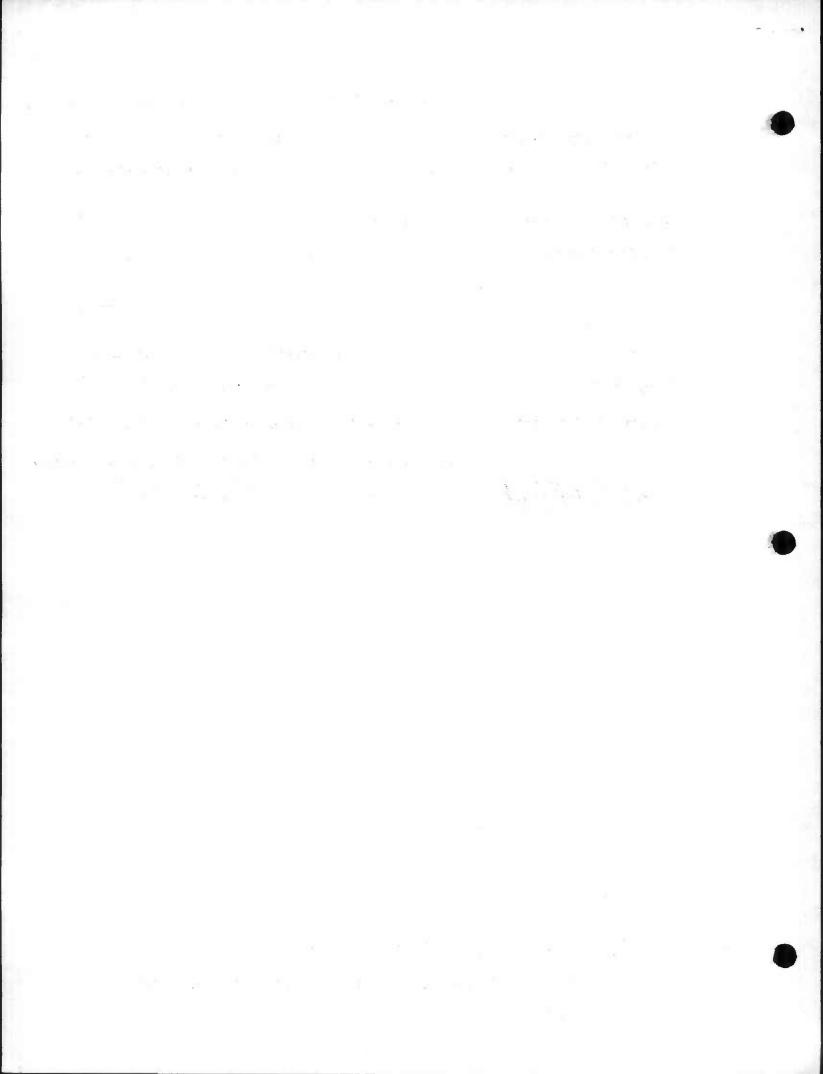
					Cer	tificate c	f Death		Reg. No.			
Physic		1. Decedent's Name (First, Middle, La. DORA CO	HEN					2. Data of Dea	Dey 19	Year 96	3. Time of Deeth	
/Medi Examir		4a. Fecility Neme (If not Institution, give)			4b. City, Town, or	Location of Death	4c. County		11 / 14	
		SINAI HOSPITAL					BALTIMOR	E		N/A		
Funeral Director		5. Social Security Number 6. S 214-74-1316 Usual Rasidance of Decedent	ex 7. A □ M 2{ X F	ge (In yrs. 96	last birthdey) Yrs.	If Undar 1 Ya Months De			8 ,1 900	9. Birthpla Couple POLAN	ca (Steta or Foreign ND	
the Maryland 7 28a-1 show Lnortified at	tor	10a. Stete 10b. County MARYLAND N/A		10c. Cit	by, Town or Loc BALTI					100	I. Insida City Limits 1 Yas 2 No	
th with the 23a or 28s	Funeral Director	10e. Street and Number 3001—C ROMARIC				10f. Zip Code 212			10g. Citizen of V USA		13	
d 21215-0020 filled within 72 hours effer death with the Maryland hygiene. ther than "naturel", or items 23s or 28s-1 show out, the Medical Exercises must be northed at	by	11. Marital Status 1 Nevar Married 2 Merried 3 🎇 Widowed 4 Divorced	12. Was Decedent Armed Forces 1 Yas 2 If If Yes, Give Year or Detes:	No.		Ves Decedent of Yes, specify C		n, Puerto Rican, atc.) Ble			ca - American Indian, ick, White, atc.	
Maryland 21215-0020 d 2 should be filed within 72 hours et th and Mental Hygiene. 71s marked other than "naturel", or traumatic event, the Medical Exert	Completed	15. Decedent's Ec (Specify only highest gra Elementery/Secondery (0-12)	lucation da completed) College (1-4or	5+)	(Give	O NOT usa ret	ne during most of wo	f working 16b. Kind of Business/Industry OWN HOME				
aryland 2 should be filed nd Mental Hygi marked other umatic event, I	Be	17. Fethar's Nema (First, Middle, Last) YAKOV		PUSHI	NIAK			Neme (First, Middle, Meiden Sumama)				
Maryla d 2 should th and Men 7 is marke traumatic	F	19e. Informant's Name/Reletionship (Type, Print)		19b. Meilin	g Address (Stre	et end Number or R	ural Route Numbe	r, City or Town,	Stete, Zip C	ode)	
of Heel	YAKOV PUSHNIAK SARAH RIFKA ZAMEK 19e. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Co MR. GERALD E. COHEN (SON) 1 GRISTMILL CT, APT. 202 BALTIMORE, MD 21 20a. Method of Disposition 1 Burial 2 Cramation 3 Removel from Steta 4 Donetion 5 Other (Specify) 20b. Pleca of Disposition (Nama of cemetery, cremetory or other plece) ADATH YESHURUN 7-11-1996 BALTIMORE, MD											
Baltimo pemit. Pege Department Important: If any Injury or		21. Signeture of Funerel Service Licen 8 23a. Pentl. Enter tha disease, or companion, or heart feilure. List only				Col	dress of Fecility Levinson	& Bros.,	Inc.			
requires that the death certificate be executed requires that the death certificate be executed read signed by the ettending physician and required be detected for use as the burlet-transit as an are	/Medical Examiner	Immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in deeth) Lest	b. Arterio	SINU	or as a conseq	d nome	exacer disease	bation				
he the deeth cert and by the ettendin deteched for use	ysiciar	Pert II. Other significant conditions of	entributing to death I	but not res	ulting in the ur	darlying cause	givan in Part I.				he cause of death?	
that the	y Ph	Glavcoma						101	res 2 No	3 Proba	bly 4 ☐ Unknowi	
O ≥ 0 0	Completed by Physician/M		-						en eutopsy med?	aveil	a sutopsy findings able prior to pletion of cause eth?	
The lew ate hes page 2	Com							1 🗆 Y	as 2 No	10	Yas 20 No	
Vital I	Be	25. Wes case referred to medical axeminer?	115 - 55 - 1 - 3					eth (Check only o	ne)			
OT VITA Physician: this certific ral director,	To To	1 ☐ Yes 2 🕅 No 27. Mennar of Death	Hospitel: 1 Inpati		ER/Outpatien	3LI DOA		Home 5 Resid				
INVISION O or Attending Pharter death. Director: After this	Certification:	1 Neturel 5 Pending investigation 3 Suicide 4 Homicide Pending investigation 4 Oculd not be determined	(Month, De	ey Year)	injury ome, ferm, stre	M 1	Vork? ☐ Yes 2 ☐ No	28f. Location (S City or Tow	itreet end Numl		Route Number,	
Perpits 24 hours Fineral	edical Co	29a. Certifier (Check only one) 1 Certifying Phyone	/sician: To the best iner: On the basis of end menner s	of examine	wledge, deeth tion end/or Inv	occurred et the estigetion, in m	time, dete end plec y opinion, deeth occ	e, end due to the ourred et the time, o	ause(s) end mo dete end pleca,	enner es stet end due to t	ed. he cause(s)	
(Hand)	Me	29b. Signeture and title of certifier Eur G. C	ohen, 1	ND			inse number 2402321 St Belved		29d. Data signe			
2		30. Neme and eddress of person who of Sinai Hospital	completed cause of Baltin	deeth (iten	n 23e) (Type, I	Print)	0 1 -	, 1		Balta	more	



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State of Maryland / Department of Health and Mental Hygiene 96 20978

_						Cer	tificate	of	Death		F	Reg. No.		
	Physic /Medi		Decadant's Nama (First, Middla, Last)	Mary	Antoi	nette	Cast	tel	lo		2. Data of Dea July	15, 1996 3. Tim 15 th		
	Exami		4a. Fecility Neme (If not institution, give st Medbridge Ro	reet end number) OSSVille				4			ocation of Deeth	4c. County		imore
	Funeral Director			7. Age	e (In yrs. las 95	t birthday) Yrs.	If Undar 1 Months	Yeer Days	If Under Hours	24 Hrs. Min.	8. Data of Birth (Month, Day Feb. 17	, 1901	9. Birthpl Count Michi	aca (Stete or Foreigr ry) LGan
	oth with the Meryland 23a or 28a-f ahow	ector	Usual Rasidanca of Dacadant 10a. Stete 10b. County Maryland n/	a	10c. City, 1	Fown or Loc	timore							od. Inside City Limits ↑ Yes 2 No
	with t	급	10e. Street end Number 1018 Fawn Street				10f. Zip C		202			10g. Citizan of	What Count	try?
20	72 hours efter deeth with the Maryland natural', or items 23s or 28s-f show ited Evanime must be notified at	by Funeral Director		2. Wes Dacedant E Armed Forces? 1 ☐ Yas 2 2 N If Yes, Giva Yaar or Datas:			Vas Dacede Yes, specif	nt of H y Cuba		gin? (Sp n, Puarto	pecify Yas or No- Rican, etc.)			
21215-0020	- 30	Completed b	15. Decedant's Educa (Specify only highast grade Elamantary/Secondary (0-12)	itlon		16a. Deced (Giva l life. D	ant's Usual kind of work OO NOT usa	dona i	etion during moss nemake		ing		Sb. Kind of Businass/Industry	
Maryland 2	should be filed within and Mentel Hygiene. marked other than amatic event, the M	To Be Co	17. Fathar's Nama (First, Middla, Last) Joseph Petrella					HOI	18. Motha	r's Nam	a (First, Middla,	Maidan Sumar	t home	
	nd 2 sho alth end 8 27 is ma r traume		19e. Informent's Neme/Raiationship (Type Mr. Paul T. Castel	, ,			g Address (lamilt				al Route Numba Baltimor			
Baltimore,	permit. Pages 1 and 2 Department of Health a Important: If Nem 27 is any Injury or other tra		20a. Mathod of Disposition 1 X Burlel 2 Cremation 3 Red 4 Donation 5 Othar (Spacify)		20b. Plac	a of Dispos atary, cram	sition (Name natory or oth	of ar plac	ce)	I	Dete	20c. Location	- City or Tov	wn, Stete
Balt														
Ÿ,	Physician /Medical		23a. Part. Enter the disease or complice shock, or heart feilura. List only one Immediata Causa (Final	etions that caused ceuse on aech lin	tha deeth.	Do not enta	r tha mode	of dyln	g, such as	cardiec	or respiretory en	rest,		Approximate Interval Between Onset and Deeth
	Examiner		disaasa or condition rasulting in daeth) a.		OMO								1	3 days
	Harrie	je		_	eral				\A				!	Vears
	and transi	Examiner	Sequentially list conditions,		Due to (or e			100						1
68760,	entificate be executed ding physician and se as the buriel-transit	edical	Sequantially list conditions, if any, leading to immediate cause. Entar Undarlying Cause (Disaasa or injury that initiated avants resulting In death) Last	Due to (or es	to (or es e consequence of):									
Box	0 2 4	lan/M	d											
P.0.	The law requires thet the death certate has been signed by the attendin pege 2 should be deteched for use	/ Physician	Part II. Other significant conditions contractions and Alzheimer			ng in tha un	darlying cau	ısa giv	en in Pert i	•	23b. Did to		ontribute to 3 ☐ Prob	the cause of death?
of Vital Records,	need shoul	Completed by									24a. Was a perfor		con	ra eutopsy findings ilable prior to apletion of causa aath?
Ä	ysician: The lav is certificate hes director, pege 2	Som									1 🗆 Y	as No No	1□	Yas 20 No
Vita	Physician: this certific	Be	25. Was casa referred to medical axaminar?	anika l				Lou		of Deet	h (Check only or	na)		
	2 00	- To	1 Yas 25 No	spital: 1 ☐ Inpatiar 28a. Deta of Injur		Outpatient Bb. Tima of			450 NU	irsing Ho	oma 5 - Rasid 28d. Describe h)
Division	or Attending Peter death. Director: After In by the funer	Certification:	1 Main Service Servic	(Month, Day	Year)	Injury	М	_	k? Yas 2⊡l					Co. de Manda
Dix	teaptial or Attending Ph 4 hours efter death. Funeral Director: After thi ely filled in by the funeral	Certif	4 Homicida datarmined		at, factory,				28f. Location (S City or Tow	n, Steta)	2			
,	in the hours in the hours Funeral pletsly filled	edical	29a. Cartifiar (Check only one) Certifying Physic 2 Medical Examine	r: On the best of end menner state	axamination	dga, daath end/or inv	occurrad at astigation, li	tha tin	na, data an pinion, daa	d place, th occur	and dua to tha c red at tha tima, c	ausa(s) and m lata and place,	annar as sta and dua to	ated. tha causa(s)
1	1)	×	29b. Signatura and titla of cartiflar	Breed	and	am)			a number	7	2	29d. Data signe	S-9	
	4		30. Nama and addrass of person who com Dr. Howard S. Fre				och R	ave	n Blv	/d.	Baltimo	ore, Md	•	
	Sta Registi		31. Dete filled (Month, Day, Year) JUL1 6 1936	32. Registra			2							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM: 10c, PER F'.H. F'ILM G-737 State of Maryland / Department of Health and Mental Hygiene 20979 7/16/96 t.t Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** 6.45 PM FLORA July 1996 /Medical 4a. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death **Examiner** 4c. County of Deeth NORTH ARUNDEL HOSPITAL Glen Burnie Anne Arundel If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 2X F 87 Yrs. Director 409-07-6223 Feb 21, 1909 Tennessee Usual Residence of Decedent 10b. County 10c. City. Town or Location 28a-f show 10d. Inside City Limits r than "natural", or items 23e or 28a-f show the Medical Examiner must be notified at Maryland Anne Arundel Glen Burnie Director 1 Yes 2 No BALTIMORE (BROOKLYN PARK) 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 13 21225 Coach Lane USA death Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U.S. Armed Forces? 11. Marital Status 14 Race - American Indian Black, White, etc. 72 hours aftar 1 Never Married 2 Married 1 ☐ Yes 2√XNo If Yes, Give 1 ☐ Yes 2 ◯ (No Specify: p 3€XWidowed 4 □ Divorced White Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Le filed wh. Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Housewife & Mother 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Be permit. Pagas 1 and 2 should be Department of Haaith and Mental Important: If Item 27 Is marked or any Injury or other traumatic eve John Troglin Mary Catherine 10 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Mrs. Maryland Blasy-DAUGHTER 6378 Centennial Circle, Glen Burnie, Md. 20a. Method of Disposition 20b. Pleca of Disposition (Neme of 20c. Location - City or Town, Stete emetery, cremetory or other place) 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from Stete Holly Hills Memorial Park 7/13/96 Baltimore Co., Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licansee Kevin E. Ecker 22. Name end Address of Fecility McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 21225-1856 23e. Pert 1 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** Immediate Ceuse (Finel disease or condition resulting In death) /Medical ardiac arre 1 hous Examiner Physician/Medical Examiner attel burial-transit Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Diseese or Injury finel initiated events resulting In deeth) Lest quenca of): tha Due to (or es e consequence of): usa as real Po Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. datached 23b. Did tobacco use contributs to the cause of death? 3 Probably 4 P Unknown 1 Yes 2 No þ 8 Completed 24e. Wes en eutopsy performed? 24b. Were autopsy findings eveileble prior to diabetes mollity completion of cause of death? 1 Yes 2 1 No 2 No Certification: To Be 26. Piece of Death (Check only one)

The law requires that the death certificate be axecuted Box 68760, Records. P.O. cartificata of Vital Physician:

this

afor Attending Physical or after death.

Director: After this of in by the funeral d

Division

Baltimore, Maryland 21215-0020

25. Wes case referred to medical exeminer? 1 Yes 2 No 27. Menner of Beeth 1 Naturel

4 Homicide

29a. Certifier (Check only one)

5 Pending Investigation 2 Accident 3 ☐ Suicide

6 Could not be determined

Hospital: 1 ☐ Inpatient 2 ☐ R/Outpetient 3 ☐ DOA 28a. Dete of Injury (Month, Dey Year)

28b. Time of Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

MD

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pieca, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end pieca, end due to the ceuse(s) end menner enamed.

29b. Signature and titler of sufflier

29c. License number

29d. Date signed (Month, Dey, Year)

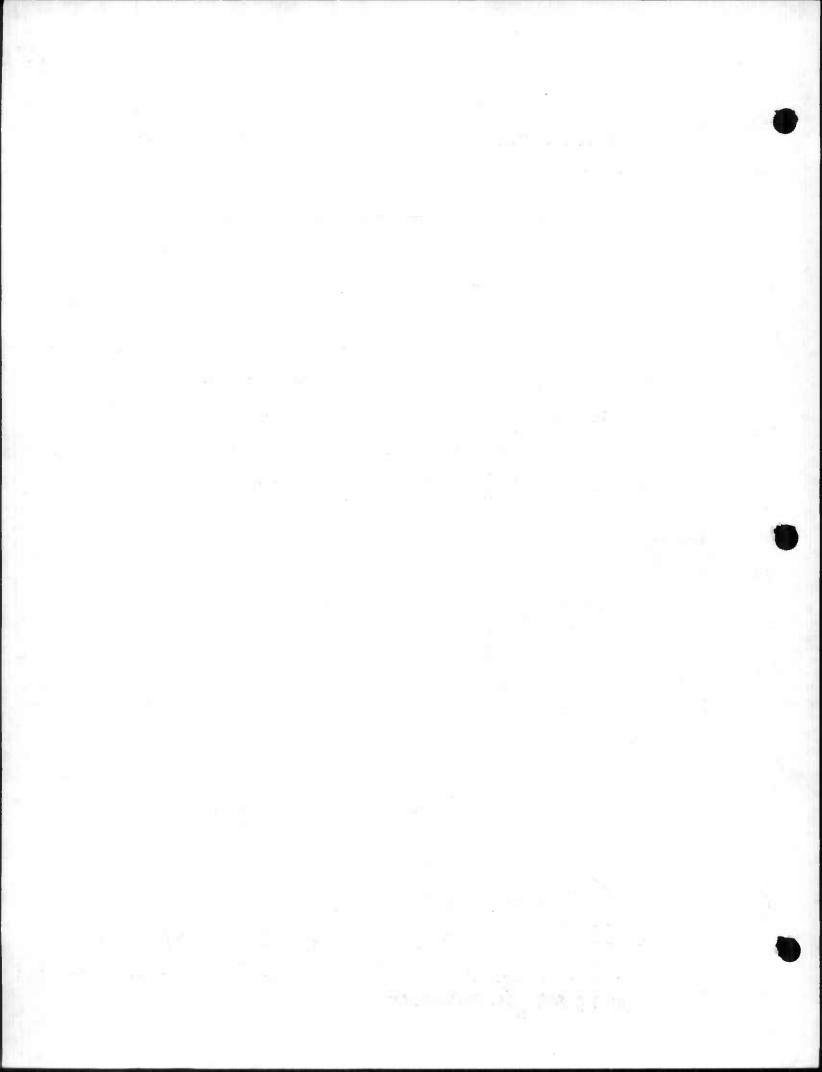
30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) Dr. Gurmeet Sawhney, M.D.

Medical Arts Bldg. 325 Hospital Drive, Suite 202, Glen Burnie, Md. 21061

State Registrar

Medical

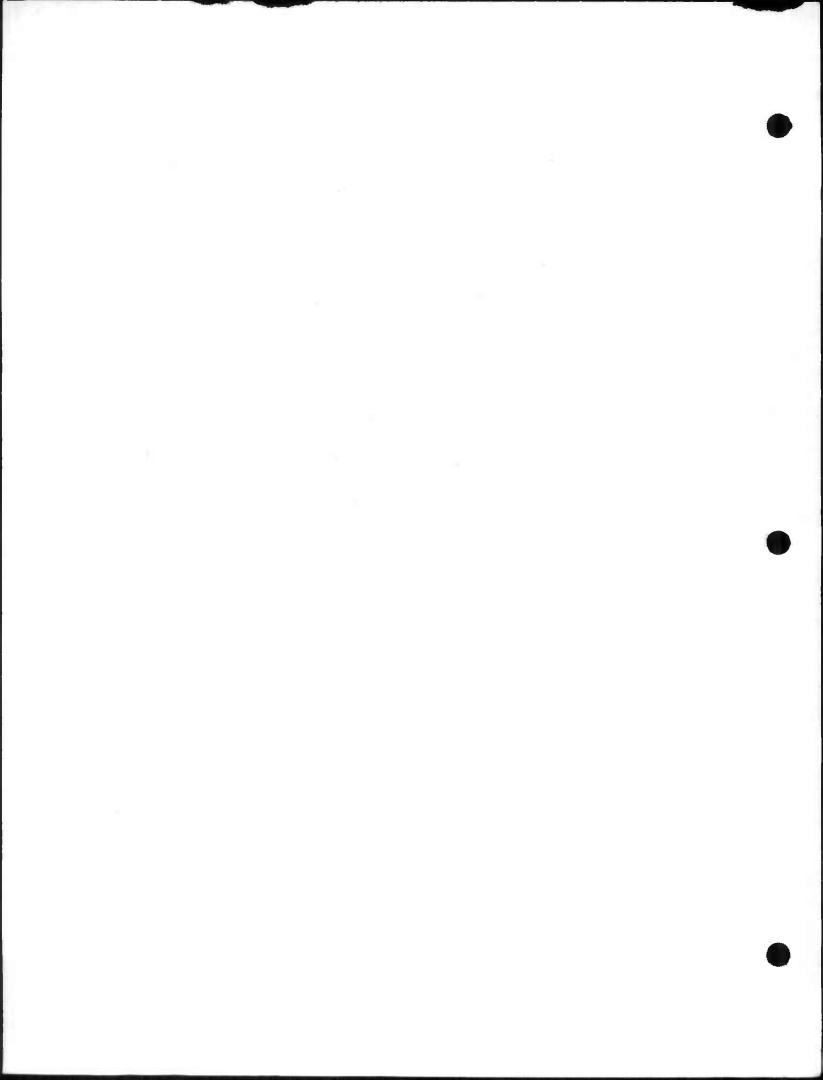
A Register's Signeture



DIVISION OF VITAL RECORDS, P.O. BOX 68760

nding physician.	s the burial-transit permit. Pages 1, 2, 3 shoul	
death. Page 6 may be retained by the hospital or atte	e funeral director, page 5 should be detached for use	examiner must be notified at once.
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use and Mental Hyriene prior to burial, cremation, or removal	rked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSPITAL OR ATTENDING PHYSICIAN: The law require	TO THE FUNERAL DIRECTOR: After this certificate has been since filed within 72 hours after death with the State Dept of He	IMPORTANT: If item 28 is marked, or item 23 show

	1 - FOR STATE REGISTRAR	TATE OF MARYLA		MENT OF H		MENTAL HYGIEN				
	t. OECEOENT'S NAME (First, Middle, Last)		-	01112 01	D 2. (11)	2. DATE OF DEATH		3. TIME OF OEATH		
	George Albert	t Cook				монтн ол Ли1v 11	. 1996	6 10:40am		
	4. SOCIAL SECURITY NUMBER 5. S		yrs, last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B	BIRTHPLACE (State or Foreign Country)		
	-20 02 0702 12	k ^{M 2 □ F} 6	O YRS.	MONTHS DAYS	HOURS MIN.	April21,		Maryland		
~	9a. FACILITY NAME (If not institution, give street at				R LOCATION OF DE		9c. COUNTY			
DIRECTOR	Ivy Hall Geria	tric Cent	er	M:	lddle R	iver	Ba	altimore		
m m	10a. STATE 10b. COUNTY	-	t0c. CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
	Md. Balt	timore		M:	iddle R	iver		1 YES 2 NO		
¥.	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	9725 Conmar Road 21220 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No 14. RACE -									
5								Black, White, etc.		
IF YES, GIVE WAR OR DATES 1 YES 21 NO Specify:							Specify: White			
0	15. DECEDENT'S EOUCATION (Specify only highest grade complete)	N .	16a. DECEOENT'S U	JSUAL OCCUPATION ork done during mo	N .	16b. KIND OF BUS				
COMPLETED		lege (t-4 or 5+)	life. Do NOT use	retired.)	st or working					
M	10th		long :	shorema	an	long	g shor	reman		
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden				
BE	Theodore Co	ook				elaide 1				
2	Jean Cook					Route Number, City or Town				
	20s. METHOD OF DISPOSITION	20h 6	PLACEAND DATEO		r Road		CATION - City	d. 21220		
	1 Removal for 4 Donation 5 Other (Specify)		lery, cremetory or oth	rer place)		1				
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	E D	ulaney	92. NAME A	D ADDRESS OF FA	STY 7/15,	/96bc	H.E.O.MO.		
	R Tours	10 1	11.	Conr	elly F	uneral Ho	Ome of	Essex		
	23. PART I. Enter the diseases, or comp	licetions that caused	the deeth. Do no	300	Mago A	vo Balt	imore	Md 21221		
	shock, or heart taiture. List of immediate CAUSE (Finel	only one cause on ear	ch lin 8.		, ,			interval Between Onset and Death		
	disease or condition resulting in deeth)	CARDIO	PULL	10 MA 1	24 F	RREST				
_	a. CARDIOPUEMORARY ARREST OUE TO (OR AS A CONSCOURAGE OF): DIAL MORAL ARREST									
6	Sequentially list conditions, of the state o									
CA	cause. Enter UNDERLYING CAUSE (Disesse or injury	DEEP	VENO	us	INRON	130515				
E	thet initiated events	DUE TO (OR AS A C	CONSEQUENCE OF	10 0						
CERTIFICATION	d	ALZHI	EMER	7	ise ase					
AL (PART il. Other significent conditions cor	stributing to deeth bu	t not resulting in	the underlying	csuse given in	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
SC	SEIZURE	DISOR	DER			1 YES 2	,	COMPLETION OF CAUSE OF DEATH?		
ME							′	1 TYES 2 NO		
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBU				UNCERTAIN	1 🗆				
CIA		SPITAL:	8. PLACE OF OEAT	H (Check only one)						
IYS	t YES 2 NO 1	Inpetient 2 - ER/Outpet				8 Other (Specify)				
	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME	JRY WC	RK?	28d. OEŞCRIBE HOW I	NJUHY OCCURE	10		
ВУ	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF INJURY -	- At home, tarm, a			281. LOCATION (Street I	and Number or F	Rural Route Number,		
0	4 Homicide 8 Could not be detarmined 8 Could not be detarmined									
COMPLET	29a. CERTIFIER (Check only t CERTIFYING PHYSICIAN:	To the best of my knowle	dgs, death occurre	d at the time, date	and place, and due	to the cause(a) and mer	nner sa stated.			
OM	one) 2 MEDICAL EXAMINER: On							iuse(a) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE SH	GNED (Month, Day, Year)		
BE	Sprinder KJ	tellia	M.D		D9-	7188	1 7	112196		
2	30. NAME AND ADDRESS OF PERSON WHO COM	MPLETED CAUSE OF OEAT	TH (ITEM 27) (Type,					1.2		
	SHVINDER- W'JU	LICA	MAKILE	7 YLACI	yux	IDALIC 2	1222	M')		
	JUL 1 6 1996	32 hegieffyan's glown	louis -							



permit. Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

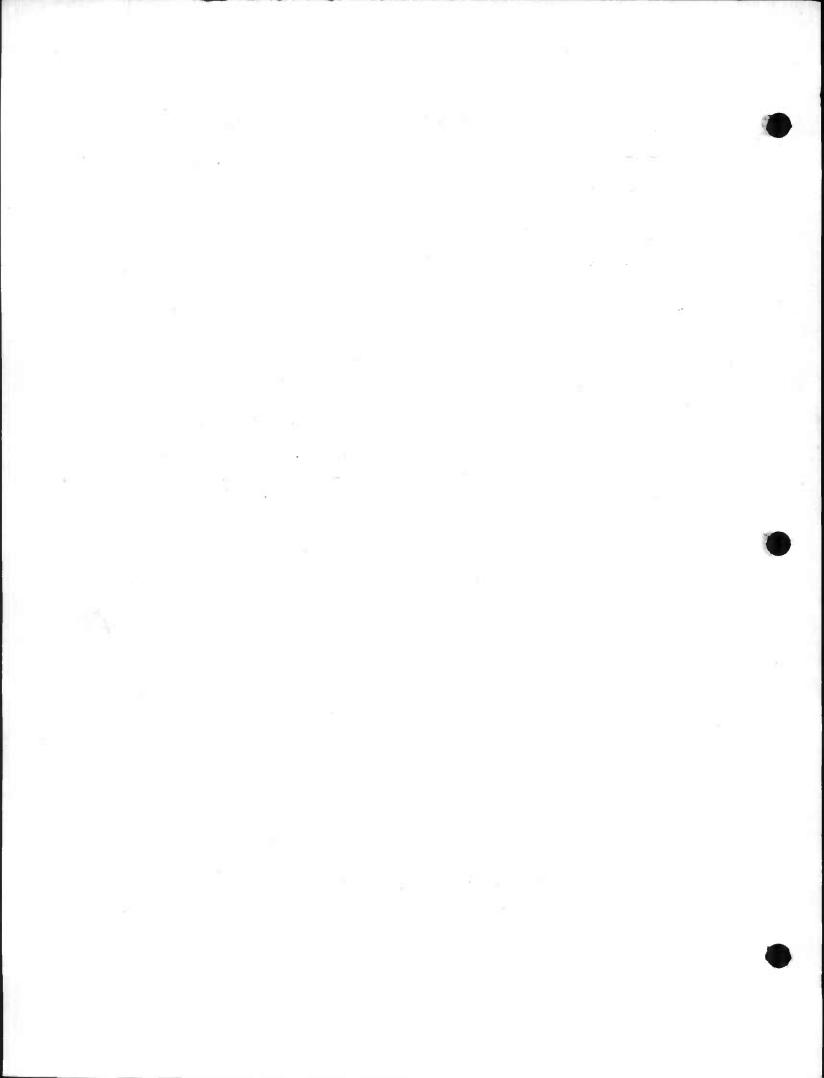
BY

COMPLETED

BE

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit has find with the State Dent, of Health and Mental Hoden prior to burial, cremation, or removal.	
ed by the hospital or	ild be detached for	ed at once.
age 6 may be retain	director, page 5 sho	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ours after death. P.	d in by the funeral or removal.	medical examine
xecuted within _* !	and completely fille burial, cremation.	latic event, the
ath certificate be e	ttending physician	, or other traum
equires that the de	en signed by the a	hows any injury
YSICIAN: The law	s certificate has be the the State Dent.	ed, or Item 23 s
OR ATTENDING PH	IRECTOR: After this	em 28 is marke
THE HOSPITAL (TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furbandary buring 25 hours after death with the State Dert, of Health and Mental Horière prior to burial, cremation, or removal	MPORTANT: If it

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH My 996 Anne Marie Conlon July 13, 1:15 PM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year)
Sept. 1, 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 X F 220-12-8008 Pennsylvania 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 8337 Bletzer Road Dundalk Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Dundalk 1 TYES 2 X NO 104 STREET AND NUMBER 101. ZIP CODE tog. CITIZEN OF WHAT COUNTRY? 8337 Bletzer Road 21222 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? t YES 2 XNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerlo Rican, etc.)
t YES 2 X NO Specify: t Never Merried 2 Merried IF YES, GIVE WAR OR DATES Specify: 3 Wildowed 4 Divorced White t5. DECEDENT'S EDUCATION (Specify only highest grade complete 180. DECEDENT'S USUAL OCCUPATION teb. KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) College (1-4 or 5+) 10 Years Housewife Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) David Nieminen Hilda Wilppo 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8338 Bletzer Road Dundalk, Maryland 21222 (Son) Edward Ashton 20e. METHOD OF DISPOSITION
t
Burlel 2
Cremetion 3
Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Gardens of Faith Cem. 7/16/96 Rosedale, Maryland 4 Donetton 5 X Other (Specify) Entombment 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or an indirect List only one cause on each line. 21222 Approximete Interval Batween Onset and Death IMMEDIATE CAUSE (Finel disease or condition Carcinoma of panciers, unresected, 3 menth resulting in death) liver melastase Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in deeth) LAST PART II. Other eignificant conditione contributing to death but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 (NO OF DEATH? 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO DE UNCERTAIN I 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: t YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 - Nursing Home 5 Residence 6 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, streat, tectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be datermined 4 Homicide 29e. CERTIFIER (Check only Check only CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end piece, end due to the cause(s) end menner ee stated. 2 MEDICAL EXAMINER: On the beets of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) and menner as stated. 29d. DATE SIGNED (Month, Day, Year) ange Elias, MD - Sugicol onote D02697 SON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Square Hosp 32. REGISTRAR'S SIGNATURE



CMK ITEMS: 23 PART I, 27, Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Funeral Director

28a-f show Director ò

Funeral by Completed

with the Marylend the Medical Examiner must be notified at items 23a filed within 72 hours efter 0 "natural", nd Mental Hygiene. markad other than permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is markad oth any linyry or other traumatic event 2008.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

P.O. Box 68760, Physician/Medical The law requires that the deeth certificate signed to Records, ò Completed of Vital or Attending Physician: Be Certification: To this Division

To the Hospital or Attending Phywithin 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral

28a-f, PER MEO FILM G-737 7/ 7/19/96 t.t Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Day Voer ARTIS 2. 1996 JAMES CRANDELL JULY 2309PM 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 200 BLOCK FEDERAL STREET BALTIMORE CITY 8. Date of Birth (Month, Day, Year)
April 10,1952 Virginia If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 5. Soclei Security Number 6. Sex 7. Age (In yrs. lest birthday) 9. Birthpiece (State or Foreign 1□ M 2□ F Months 44 Yrs. 213-62-7727 Usuel Residenca of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits aryland Baltimore 14 Yes 2□No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1623 N. Calvert St. 21202 USA 11. Maritel Status 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. 1 Yes 2 No
If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married 1□ Yes 2 No 3 ☐ Widowed 4 ☑ Divorced Specify: Black 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT usa retired) Decedant's Education 16b. Kind of Business/Industry (Specify only highest grede complated) Elamantary/Secondary (0-12) 12th Grade Collage (1-4or 5+) Welder Bethlehem Steel 17. Father's Name (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Surname) John Crandell Elnora Chonse 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Coda) Cassandra Bell/Fiance 1623 N. Calvert St. Baltimore, MD. 21202 20b. Plece of Disposition (Name of cematary, crematory or other place) 20a. Method of Disposition Deta 20c. Location - City or Town, Stete rematary, crematory or orner prace, t. Zion Cemetery 1 Degrial 2 Cremetion 3 Removal from State 7/16 Landsdowne, HD. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Lie 22. Neme end Address of Fecility Unity Funeral Home 108 W. North Ave. Balto., MD. 21201 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failura. List only one cause on each line. Approximete Interval Betw Immediete Ceuse (Finel disease or condition resulting in death)

NARCOTIC AND COCAINE INTOXICATION

Due to (or es e consequenca of)

Due to (or es e consaquenca of):

Due to (or es e consequence of):

Pert II. Other significant conditions contributing to death but not rasulting in the undarlying cause given in Part I.

23b. Did tobacco use contribute to the cause of deeth?

1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24e. Wes en autopsy performed?

24b. Were eutopsy findings eveilebla prior to completion of cause of daath?

1 Yes 2 No 1 Yes 2 No

25. Wes casa referred to madical exeminer? 1 Yes 2 No

27. Manner of Deeth

1 Naturel

3 ☐ Sulcide

29a. Cartifian

Medical

2 Accident

4 Homlcide

(Check only

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Causa (Diseese or Injury that initieted events resulting in deeth) Lest

UNKNOWN

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury

28c. Injury at Work? UNKNOWN

1 ☐ Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) AT SCENE 28d. Dascribe how injury occurred

UNKNOWN

26. Pleca of Daeth (Check only one)

28f. Location (Street end Number or Rurel Route Number, City or Town, State)

Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify)

BALTIMORE, MD.

200 BLK. FEDERAL STREET

1 Certifying Physician: To tha best of my knowledga, deeth occurred at the time, deta end plece, end due to the ceuse(s) end manner es steted.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, daeth occurred at tha tima, dete end placa, and dua to the ceuse(s) and menner steted. 29b. Signature end title of certifier

5 Pending Investigation

6 CCould not be determined

O.C.M.E.

29c. License number

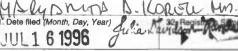
29d. Dete signad (Month, Day, Year)

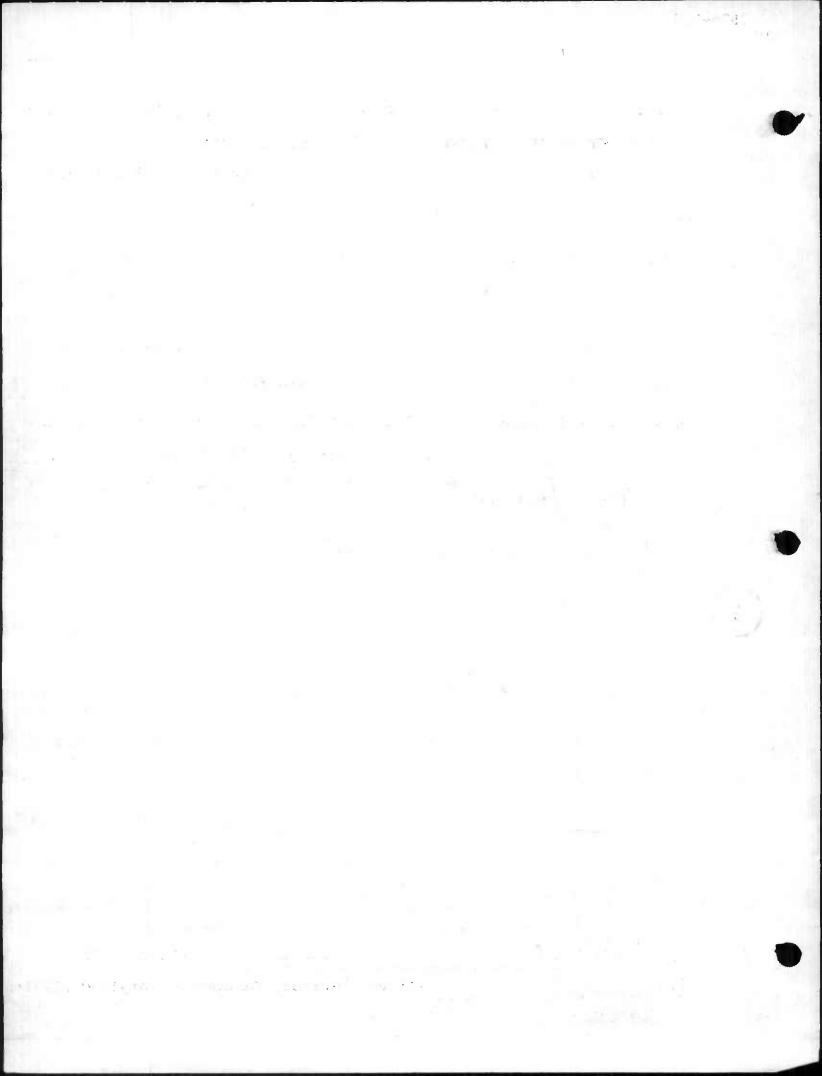
JULY 3, 1996

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

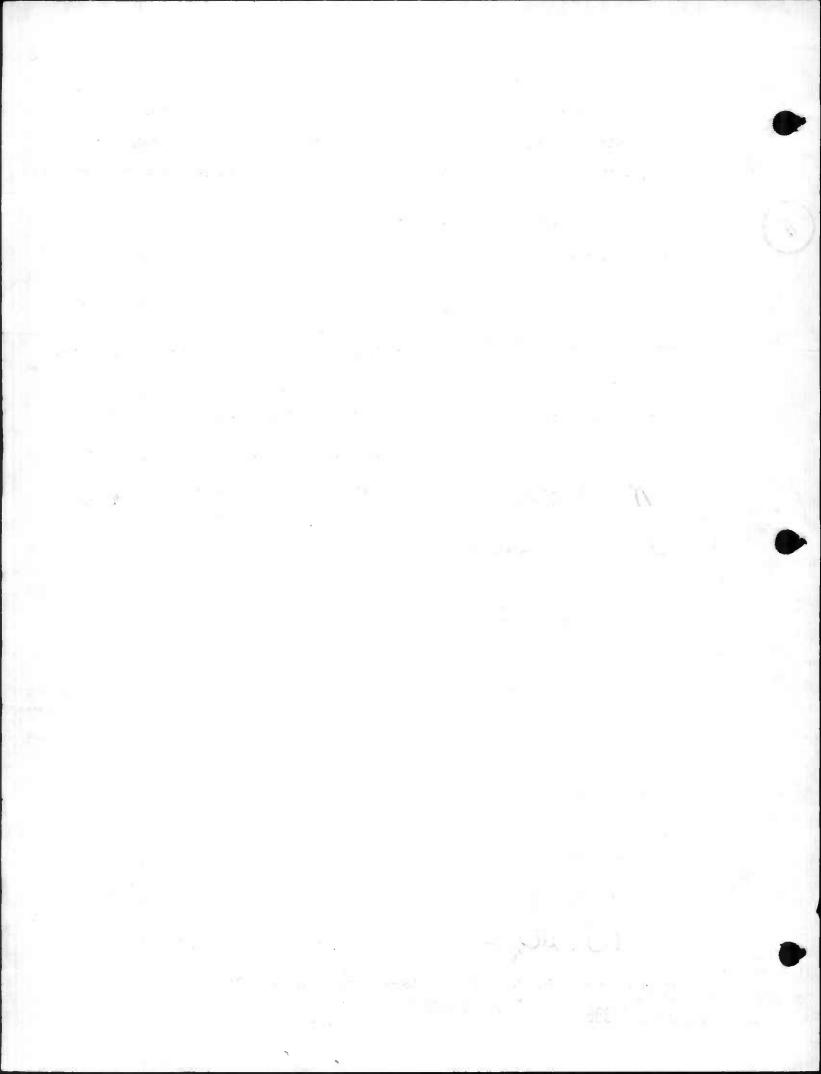
31. Dete filed (Month, Day, Year) State Registrar





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 20983

					Ce	rtificate o	f Death		Reg. No.		L V .	
Dhusia	ion	1. Decedent's Nama (First, Middle, L.	ast)					2. Dete of D	Dey Dey	Yeer	3. Tima	of Deeth
Physic /Medi		Ralph Charle	s Carci			Y.			2, 1996		6:0	O AM
Exami		4a. Facility Name (If not institution, gi	ve street and number)				4b. City, Town,	or Location of Dee		nty of Deeth		
		608 West C Str					Brunswi			derick		
Funeral Director			Sex 7. Age	(In yrs. las	Yrs.	if Under 1 Ya Months Dey		in. (Month, L	olirth Day, Year) 4, 1923	9. Birthpl Count Penn	leca (State itry) ISY1Va	e or Foreign ania
yland		10a. State 10b. County		10c. City,	Town or Lo	cation				10	0d. Insida	City Limits
Mar	to	Maryland Frederi	ck	Brun	swick						1 XYe	es 2 No
or 28	Director	10e. Street and Number				10f. Zip Code)		10g. Citizen o	of Whet Coun	try?	
h wii	a C	608 West C Stree	t			21716			U.S.	A.		
be filed within 72 hours after death with the Maryland ital Hygiena. Id other than "natural, or items 23a or 28a-f show event, its Madical Examinat must be righted.	by Funeral	11. Maritel Status 1 Nevar Married 2 Nerried 3 Widowed 4 Divorced	12. Wes Decedent E Armed Forces? 15 Yes 2 No If Yes, Give Yaar or Dates:	0	- b.	Was Decedent of Yas, specify Co	f Hispenic Origin? uban, Mexican, Pu o <i>Specity:</i>	(Specify Yes or N arto Rican, etc.)	Io- 14. R B	laca - America lack, White, e	etc.	
2 hot	8	15. Decedent's E	ducation		16e Decer	dent's Usuel Occ	upetion		16b. Kind of	Business/Ind		
hin 7	Completed	(Specify only highest gr Elementery/Secondary (0-12)	ade completed) College (1-4or 5+		(Give life. I	kind of work dor DO NOT use reti	ne during most of v red)	vorking			,	
filed within Hygiena. other than "	E O	12	College (1-401 54	7	Tech	nician			Medical Equipment			
othe vent	Be	17. Fether's Nama (First, Middla, Last)			18. Mother's Nema Josephine			lema (First, Middle	(First, Middle, Maiden Surname)			
Aenta Aenta rked rked	To	Charles F. Carci						ine				
ss 1 end 2 should be filed within 72 hours af of Health and Mental Hygiena. If Hear 27 is marked other than "natural", or other traumatic event, in a Medical Example.		19e. Informant's Name/Reletionship (Type, Print) Charles R. Carci			19b. Mailing Address (Street and Number or Rural Route Num 805 Rust Drive, NE., Leesbur				mber, City or Town, State, Zip Code) rg, VA 20176			
Demit. Pages 1 en Depertment of Heali mportant: If Item 2 any injury or other anse.		20e. Mathod of Disposition 1 St Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci		cen	etery, cren	sition (Name of natory or other p Cemeter	,	July 5,		n - City or Too Midlan		irgin
permit. Pages Depertment of Important: If Ite any injury or of		21. Signature of Funeral Service Lice	nsea				lress of Facility uneral He adview A			173 C	22186	
Physician		23e. Part1. Enter the disease, or com shock, or heert feilure. List only	plications that ceusad tone cause on each line	ha daath.	Do not anti	ar tha mode of d	ying, such as card	iac or raspiratory	arrest,		Approximation of the consett end	ata etween
/Medicai Examiner		Immediate Ceuse (Finel disease or condition resulting in deeth) Congestive Heart Failure Due to (or es e consequence of):								years		
	je.			,			i ovo coul:	or disco	00	1	ante i	
icete be executed physicien and s the burial-transit	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse, Disease or Injury Ceuse, Disease or Injury c.						ar ursea	50	111	iany	years
\$ p 0	Medical	Due to (or as a consequence of):										
that the death cenned by the attendir	Physician/	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contrib					ontribute to	the cause	a of death?			
s that the gned by the	by Phy							1	Yes 2□ No	3 Prob	ably 4 5	₹Unknow
e law requires thet has been signed to ge 2 should be det	Completed								s en eutopsy formed?	ava	re eutopsy ilable prior npletion of laeth?	rto
The esta	Co							10	Yas 2 No	1 🗆	Yes 2	□ No
yslctan: The I is certificeta ha director, page	Be	25. Wes case referred to medical exeminer?					26. Plece of D	eeth (Check only	one)			
Physician: this certific ral director,	2	1 ☐ Yes 2 No	Hospitel: 1 ☐ Inpatient		VOutpatien	3□ DOA	ther: 4 🗆 Nursing	Home 512 Ras	idence 6 🗆 C	thar (Specify)	
After After funa	Certification:	27. Manner of Deeth 1 PNeturel 5 Pending 2 Accident Investigation		Year) 28	Bb. Time of Injury	28c. Inj W	ury et ork? ☐ Yes 2 ☐ No	28d. Describe	how injury occ	urred		
or At after of Direct	Certif	3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homicide determined					on (Street and Number or Rural Route Number, Town, State)					
To the Hospital or At Within 24 hours after of To the Funeral Direct completaly filled in by	edical	29a. Certifier (Check only one) Cartifying Ph	yelclan: To the best of ninar: On the basis of e end manner state	xaminetion	dge, deeth end/or inv	occurred et the estigetion, in my	tima, date end ple opinion, deeth oc	ce, end due to the curred et the time,	ceuse(s) end r , date and place	nenner es ste a, end due to	eted. the cause	(s)
With To th	Σ	29b. Signatura and title of certifier	01		29c. Licansa number				29d. Data signed (Month, Day, Year)			
		W	Ugan			D166	75		7/2/96			
20		30. Neme end eddress of person who				Print)		01716				
		Wayne Allgaier,				e, Brun	swick, M	21716				
Sta Registr	re.	31. Dete filed (Month, Day, Year) JUL 1 6 1996	1 a Registra	ando	2							



	an.	1. Decedant's Name (First, Middla,			te of Death	Reg. No. 2. Data of Death Month Day	3. Time of Death
Physici /Medi	cal	COLBERT 4a. Facility Nama (If not institution,	DAVIS	-	4h Cihi Tour		19 ^v 9 ^a 6 0605 A
Examir	ner	622 NORTH			BALTI	MORE	nty of Death
uneral Pirector		5. Social Sacurity Number 216-32-2879 Usual Residence of Decedant	3. Sex 1 M M 2□ F 7. Aga (In yrs. last	Yrs. If Und Months	ar 1 Yaar If Undar 24 H	rs. 8. Date of Birth In. July 1930	9. Birthplaca (Stata or Foreign Maryland
r than "natural", or items 23a or 28a-f show the Medical Examiner must be notined at	Director	10a. State 10b. County 10b. Street and Number	10c. City, T	own or Location	re	M. Tallet	10d. Insida City Limits 11 Yes 2□ No
23a or	ral Dir	622 N. Po-	tomac St.	101. 2	21205	10g. Citizan	of What Country?
Examiner m	by Funeral	11. Marital Status 1 Naver Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Ever in U,S. Armed Forces? 1 Yas 2 No If Yes, Give Year or Dates:	13. Was Dec If Yas, sp 1 ☐ Yes	edent of Hispanic Origin? ecify Cuban, Mexicen, Pu 2 No Specify:	(Specify Yes or No- arto Rican, etc.) 14. R	lace - American Indian, slack, White, etc.
a Medical	Completed	15. Decedent's (Specify only highast) Elementary (Secondary (0-12)	Education grada complatad) College (1-4or 5+)	6a. Decedent's Us (Giva kind of w lifa. DO NOT	ual Occupation ork dona during most of v use ratired)	vorking 16b. Klnd of	Business/Industry
vent, th	Be Co	17. Father's Name (First, Middla, La	st)	51001	18. Mother's N	ame (First, Middla, Maidan Sur	9401 21018
umatic e	To	EQUAL A 19e. Informant's Name/Relationship	C. Davis	9b. Mailing Addre	s (Streat and Numbar or	1e E. Ja Rural Routa Numbar, City or Tow	CKSON vn, Stata, Zip Coda)
or other traumatic event,		Mrs. Paula I 20a. Method of Disposition	avis 6	22 N. of Disposition (N	otomac	St. Balto.	Md. 21205 n - City or Town, Stata
important: if item 2/ any injury or other ti once.		1 Bunal 2 Cremation 3	□Ramoval from State cems	Arbu	gthar place)	7/17/96 Bal	to. Co. Md.
any in		21. Signature of Funeral Service UK	L. Rus	13, Name :	h L KU	ss Funeral,	Homes 1216
sician		23a. Part /Enter the disease, or co shock or heart failure. List on	emplication was caused the death. It is one cause on each line.	o not antar tha mo	da of dying, such as card		Approximata Interval Between Onset and Death
dical niner		Immediete Cause (Final disaase or condition resulting in daath)	SEIZURE DISORDER				
	ner	is stated in stated in	Due to (or es	e consequence of):		
s the bunel-transit	I Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury	b. Due to (or as	a consequence of	:		
0 0	/Medical	that initiated events resulting in death) Last	Dua to (or as	a consequance of	:		
deteched for use	Physician/IV	Part II. Other significant conditions	contributing to death but not resulting	g in the underlying	cause given in Part I.	23b. Did tobacco use o	contribute to the causa of death
	by	151					
2						24a. Was an autopsy performed?	24b. Were autopsy findings available prior to completion of cause
2 should be	npietec						of death?
2 should be	Completed					y Yas 2□ No	/
rector, page 2 should be	Be	25. Was case referred to medical	Hospital:	0.4	Other	eath (Check only ona)	1 Yas 2□ No
funeral director, page 2 should be	To Be	examiner? Yes 2 No 27. Manner of Death Yes Natural 5 Pending	28e. Date of injury (Month, Day Year)	o. Time of Injury	OA Other: 4 Nursing 28c. Injury et Work?	1	1 Yas 2 No
or: Arier this certificate has been signifie funeral director, page 2 should be	To Be	examiner? Yas 2 No 27. Manner of Death	28e. Date of injury (Month, Day Year)	D. Time of Injury	OA Other: 4 Nursing 28c. Injury et Work? 1 Yas 2 No	eath (Check only ona) Home XXRasidence 6 □C	1 Yas 2 No Other (Specify)
Ariel uns cerimicate nes been signifuneral director, page 2 should be	Be	27. Manner of Death Manner of Death Mantural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigat 6 Could not determine	28e. Date of injury (Month, Day Year) 28e. Plece of Injury - At home,	D. Time of Injury M M farm, street, facto	OA Other: 4 Nursing 28c. Injury et Work? 1 Yas 2 No y, office	eath (Check only ona) Home XX Rasidence 6 C2 28d. Describe how Injury occ 28f. Location (Street and Nur City or Town, Stata)	ther (Specify) where or Rural Routa Number,

JULY 12, 1996

O.C.M.E

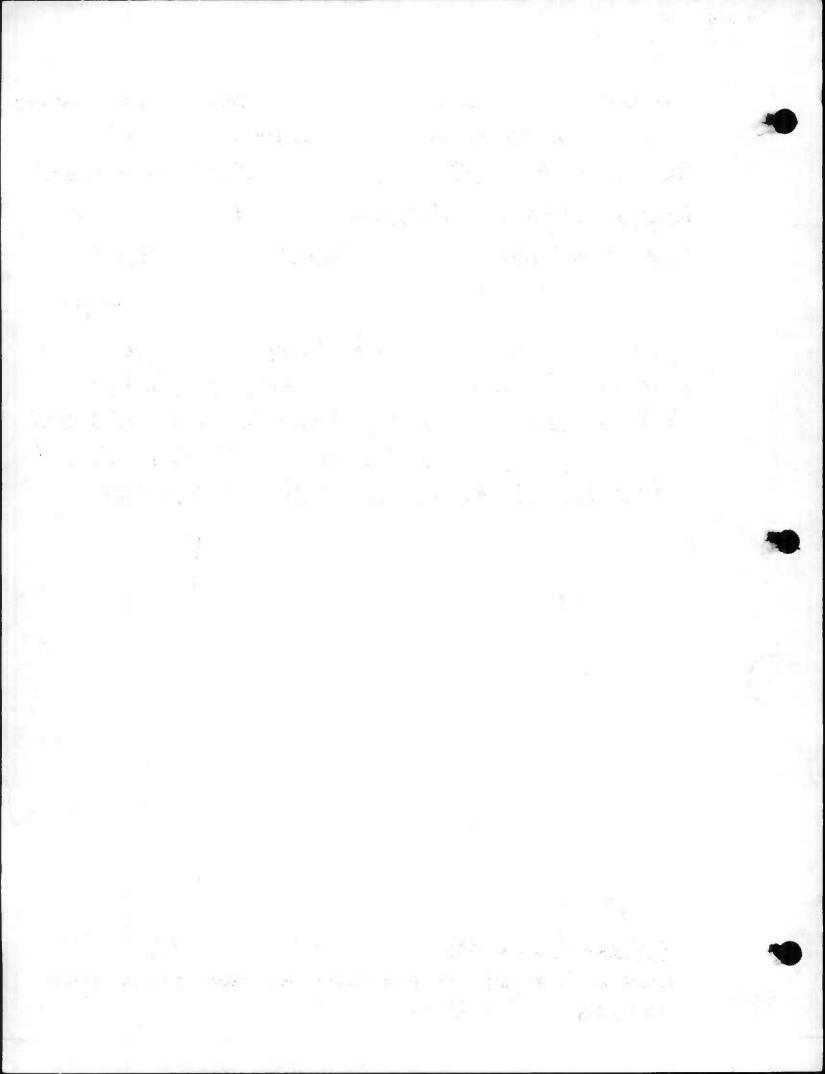
State Registrar JUL 1 6 1996

JUL 1 6 1996

JUL 1 6 1996

JUL 1 6 1996

son who completed cause of deeth (Item 23a) (Type, Print)



ITEM: 1. PER FI.H. FILM g-737 Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 7/16/96 t.t

Certificate of Death

Physician /Medical Examiner

1. Decedant's Nama (First, Middla, Last) DUYALL

ANNA LOUISE DUVALL

2. Data of Death Day Month Yaar 1996 12, JULY

8. Data of Birth (Month, Day, Year)

Data

Yee

26. Placa of Death (Check only ona)

04-01-1944

3. Time of Death 7:20 PM

9. Birthplaca (Stata or Foraign

10d. Insida City Limits 1 ☐ Yas 2 XNo

POPER

PENNSYLVANIA

4b. City. Town, or Location of Death

4c. County of Death PRINCE GEORGE'S

> 14. Race - Amarican Indian, Black, Whita, atc.

> > WHITE

10g. Citizan of What Country?

U.S.A.

Specify:

16b. Kind of Businass/Industry

LAVENIA

TOWING SERVICE

20c. Location - City or Town, Stata

GLEN BURNIE, MD.

Funeral Director

Director Funeral þ

r 28a-f show than "natural", or items 23s or the Medical Examiner must be other

filed within 72 hours after death with the Maryland Hygiene. 7 is marked othe traumatic event, Pages 1 and 2 should be facent of Health and Mental I wrt: If Itam 27 Is marked of other permit. Pages
Department of
Important: If it
any injury or o

Baitimore, Maryland 21215-0020

Physician /Medical **Examiner**

physician and s the burial-transit 98 esn Po signed by the a page 2 has certificate funeral director. this After

ANNA 4a. Facility Nama (If not institution, giva street and number) LAUREL BELTSVILLE HOSPITAL LAUREL If Under 1 Year If Under 24 Hrs. 5. Social Security Number 6. Sax 7. Aga (In yrs. iast birthday) Days Months Hours 1 M 2 X F 52 Yrs. 214-46-0756 Usual Rasidance of Dacadant 10a. Stata 10b. County 10c. City, Town or Location MARYLAND ANNE ARUNDEL SEVERN 10e. Street and Number 10f. Zip Coda 21144 1428 GEORGIA AVENUE 12. Was Decedant Evar In U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 1 ☐ Yas 2 💆 No If Yas, Giva Yaar or Datas: 1 Nevar Married 2X Married 1 ☐ Yas 2 ☑ No 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Spacify only highast grada complated) Elamantary/Secondary (0-12) Collaga (1-4or 5+) OWNER/OPERATOR 10 N/A 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be YENSER **IRENE** PAUL WILLIAM 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) GEORGE FRANKLIN DUVALL (HUSBAND) 1428 GEORGIA AVENUE, SEVERN, MARYLAND 21144 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, crematory or other place) 1 Burlal 2 ☐ Cramation 3 ☐ Ramoval from Stata GLEN HAVEN MEMORIAL PARK 7/16/96 4 ☐ Donation 5 ☐ Other (Spegify) 22. Nama and Addrass of Facility SINGLETON FUNERAL HOME, 21. Signature of Faneral Service otto 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 23a. Part1. Entar the disaasa, or complications that causad tha death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. tmmediata Causa (Finel disaasa or condition rasulting in daath) METASTATIC LUNG CANCER Dua to (or as a consequance of): Examiner RESPIRATORI Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disease or injury that initiated evants rasulting in death) Last Dua to (or as a consequence of): Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part i. þ

Approximata Intarval Batween Onset and Death 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 ☐ Yas 2 ☐ No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 28d. Dascribe how injury occurred 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

death certificate be axecuted Box 68760, Division of Vital Records, P.O. Attending Physician: after death. Olrector: Aft á Hospital or 24 Hours after Funeral Dire 5 To the Vithin 2

25. Was casa rafarred to medical axaminar? Be 2 27. Mannar of Death Certification: 29a. Cartiflar edicai

Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signatura and titla of certifiar

2 No

5 Pending

JUL 16

Invastigation 6 Could not be datarmined

1 Yas

Neturat Accidant

3 Suicida

4 Homicida

Hospital: Impatiant

28a. Data of Injury (Month, Day

29c. Licansa number D45014

28c. Injury at Work?

1 ☐ Yas 2 ☐ No

29d. Data signed (Month. Dav. Year)

30. Nema and addrass of person who completed causa of daath (Itam 23a) (Type, Print)

CHERRY LA ISABELLA 8379 IRC ND -1 31. Data filed (Month, Day, Year) 32. Registrar's Signatura

2 ER/Outpatient 3 DOA

28b. Tima of

28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

State Registrar

DHMH 16 Rev 6/95

a plant and the second of the second of

Please Type or Print in Black indelible lnk. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent'e Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month ADELAIDE GERTRUDE DAVIS 14, 1996 4c. County of Deeth July. 5:50AM 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death Manor Care Nursing Center, Ruxton Baltimore County Birthplece (State or Foreign Country) 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Dey, Year) Deys 1□M 2♥F Yrs. 90 Feb 7, 1906 Maryland 10c. City, Town or Location 10d. Inelde City Limits 1 ☐ Yes 2 ☑ No Maryland Baltimore County Rodgers Forge 10f. Zip Code 10g. Citizen of What Country? 21212 USA 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give A Yeer or Detes: 1 ☐ Yes 2 ☑ No Specify: White

Funeral Director

Physician

/Medical

Examiner

Director

Funeral

by

Completed

Be

5. Sociei Security Number

10e. Street and Number

11. Maritel Stetus

212-01-1050

Usuel Residence of Decedent

95 Murdock Road

1 Never Married 2 ☐ Married

3 Widowed 4 Divorced

Elementary/Secondery (0-12)

17. Fether's Neme (First, Middle, Last)

10b. County

15. Decedent's Education (Specify only highest grade completed)

George Wilson Davis

19e. informent's Neme/Reletionship (Type, Print)

College (1-4or 5+)

l yr.

21215-0020

Baltimore, Maryland

permit. Pages 1 and 2 should be filed within 72 hours after death with the Manylen Department of Health end Mentel Hygiene.
Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examiner must be nowined at once.

Physician /Medical Examiner

Amending Physician: The lew requires that the death certificate be executed attending physiclan for use es the burie signed by should be mis certificate Aher Director: / 8

Division of Vital Records, P.O. Box 68760,

Physician/Medical þ Completed Be

Certification: To

Medical

25. Wes case referred to medical examiner? 27. Menger of Death

29b. Signeture and the of certif 30. Name and address of person

31. Dete filed (Month, Day, Year) State JUL 16 1996 Registrar

1 Yes 2 No

5 Pending investigation

6 Could not be determined

1 Natural

2 Accident

4 ☐ Homicide

3 Suicide

29e. Certifler

Miss Catherine M. Davis 20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removei from Stete 4 Donetion 5 □ Other (Specify) New Cathedral Cemetery 7/16/96 Baltimore, Maryland Marka Service Lightsee 22. Name end Address of Fecility Muson Mitchell-Wiedefeld Home 23a. Pert1. Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory entert. List only one cause on each line. Intervel Between Onset end Deeth immediete Ceuse (Finel diseese or condition resulting in deeth) . GANGRENE Peripheral Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 Probably 4 Unknown CHRONIC RENAL FAILURE 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? HEART FAILURE CONGESTIVE

16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use ratired)

Secretary

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work? 1 Yes 2 No

28d. Describe how injury occurred

26. Plece of Deeth (Check only one)

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the ceuse(s) end manner es steted.

Medical Examiner: On the basts of examinetion end/or investigetion, in my opinion, deeth occurred at the time, dete end piece, end due to the cause(s) end menner steted. 29d. Dete signed (Month, Dey, Year)

1 ☐ Yes 2 ☐ No

16b. Kind of Business/Industry

18. Mother's Neme (First, Middle, Meiden Sumeme)

Catherine

19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

Insurance Company

Marshall

29c. License number D28987

who completed cause of deeth (Item 23e) (Type, Print) Carl Sperling, M.D., 3333 N. Calvo Determined (Month, Day, Year) 32 Digistrer's Storature 1111 1 C 1006

28a. Dete of injury (Month, Dey Year)

Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28b. Time of

3333 N. Calvert Street, Baltimore, MD 21218 Suite 585

Taski, jour or expenses Parks and the state of the stat mborne grinde formacin serio les

Baltimore, Maryland

Baltimore, Maryland 21215-0020 Suce **Physician** /Medical Examiner attending physician end for use as the burial-transit requires that the death certificate be executed Records, P.O. Box 68760. signed by to should t certificate hes Division of Vital Physician: this funerai of a Attending P. efter death. in by To the Hospital or within 24 hours eff To the Funeral Di completely filled in

1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** July Benjamin Joseph Di Pete 13°, 1996 3:00 a.m. /Medical 4c. County of Deeth 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death **Examiner** BaltimoreCity 5013 Remmell Avenue Hours Min. 8. Dete of Birth May 28 1912 7. Age (In yrs. lest birthdey) If Under 1 Year Months Days 5. Sociei Security Number 9. Birthpiece (State or Foreign County)
Maryland **Funeral** Days 18 M 2□ F 84 215-07-2615 Yrs Director Usuai Residence of Decedent with the Maryland 10e. Stete 10b. County I show 10c. City. Town or Location 10d. Inside City Limits in then "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Md. N/A Baltimore City 1 X Yes 2 □ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21206 5013 Remmell Avenue United States Funeral deeth 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. 11. Maritel Status permit. Peges 1 and 2 should be filed within 72 hours efter Depertment of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or then any Injury or other traumatic event. In the state of the state Bleck, White, etc. 1 ☐ Yes 2 💢 No if Yes, Give 1 ☐ Never Married 2 X Married 1 ☐ Yas 2 X No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Yeer or Detes Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Sacondery (0-12) 12 Coilege (1-4or 5+ Salesman Retail Rugs 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surname) Be Peter Di Pete Anna Schafer 19e. Informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Julia L. DiPete (Wife) 5013 Remmell Avenue Baltimore, Md. 20e. Method of Disposition 20b. Place of Disposition (Neme of 20c. Location - City or Town, Stete itery, cremetory or other plece) 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State 7/16/96 4 ☐ Donetion 5 ☐ Other (Specify) Holy Rosary Baltimore Maryland Knight Jr 22. Name end Address of Fecility 21. Signeture of Funerel Service Licensee Leonard J. Ruck. Inc. Milton J 5305 Harford Road Baltimore, Md. 23a. Pert1. Enter the disease, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one ceute on each line. Approximate intervel Between Onset end Deeth Immediete Ceuse (Finel diseese or condition resulting in deeth) Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Physician/Medical Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Ware autopsy findings aveileble prior to completion of cause of deeth? Completed 24a. Wes an eutopsy 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical 28. Place of Deeth (Check only one) exeminer? Other: 4 Nursing Home 5 Thesidence 6 Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of injury (Month, Day Year) 27. Menner of Death 28c. Injury et Work? 28d. Describe how injury occurred Certification: 28b. Time of 1 Naturei 5 Panding 1 Yes 2 No investigation 2 Accident 6 Could not be datarmined 3 ☐ Suicide Plece of injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide edical 1 Certifying Physician: To the best of my knowledge, daath occurred et the tima, data and piace, and dua to tha causa(s) and mannar as stated. 29a. Certifier 2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated. 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) O Man

State Registrar 31. Dete filed (Month, Dey, Year)

30. Neme end eddrass of person who completed cause of death (item 23e) (Type, Print)

82. Registrer's Signeture was Lavidson-Randelle

Dr. Morton C. Orman, M.D. 2936 E. Baltimore St.

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 12. & 19b. PER F'.H. State of Maryland / Department of Health and Mental Hygiene FILM G-737 7/16/96 t.t Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** lames 1996 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Baltimore Medical Center Saltimore Balt Cit 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth
Hours Min. (Month, Dey, Year) 5. Sociel Security Number 6. Sex Birthplece (State or Foreign Country) **Funeral** Months Deys 10 M 2□ F 219-16-3961 Director 70 April 19,1926 Maryland Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location

12. Wes Decedent Ever in U,S. Agmed Forces? 14 Yes 2 □ No If Yes, Give WWII

If Yes, Give Year or Dates:

Elkridge

10f. Zlp Code

1 ☐ Yes 2 ☐ No

21227

13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.)

10 N. Greene St. Balto, Md

3. Time of Death

10d Inside City Limits

Approximete Interval Between Onset end Deeth

24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 No

10a. Citizen of Whet Country?

14. Rece - American Indien, Bleck, White, etc.

White

USA

Specify:

16b. Kind of Business/Industry

n/a

1 ☐ Yes 2√ No

the Maryland 7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Madical Examinat must be notified at with

Director

Funerai

À

Md. 10e Street end Number Howard

15. Decedent's Education (Specify only highest grade completed)

7326 Montgomery Road

1 Never Married 2 Married

3 Widowed W Divorced

Physician /Medical Examiner

physician and s the buriel-trans the death certificete be exec Division of Vital Records, P.O. Box 68760 use for ed by the a signed by t d be detech certificate Attending Physician: Juneral director, this or Atland after death Director:

Completed 18e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) 9 0 disabled 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be 2 Robert R. Dyson Catherine L. Schneider 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code)
BERKELEY
6025 N. Bockley Ct. Martinsburg W. Virg 19e. Informent's Neme/Reletionship (Type, Print) Barbara Alloway daughter Martinsburg W. Virg. 25401 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State Holy Cross Cemetery 7/12/96 Baltimore, Md. 4 ☐ Donetlon 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licenses 22. Name end Address of Fecility McCully Funeral Home 130 E. Fort Ave. Baltimore, Md. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) Due to (or es e consequence of): Examiner neumonia Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury thet initiated events resulting in deeth) Lest Obstructive Polmonary hranic Physician/Medical Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Carcinomia Š Completed 24a. Wes an autopsy performed? 1 ☐ Yes 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospitel: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Inpatient 2 ER/Outpetient 3 DOA 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) Certification: 28h Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending Investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 29e. Certifier 🖅 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. Medicai 2 Medical Examiner: On the best of my knowledge, deem occurred at the limits, determined to the course, and the course, and the course, and the course of th (Check only one) 29b. Signeture end title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) P08628 Name and address of person who completed cause of death (Item 23e) (Type, Print)

bundayo M.D., 10

6. 1996

Jan Burdan Royall

3 To the l To the

Registrar

1. Dete filed (Month, Dey, Year)

 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 20989

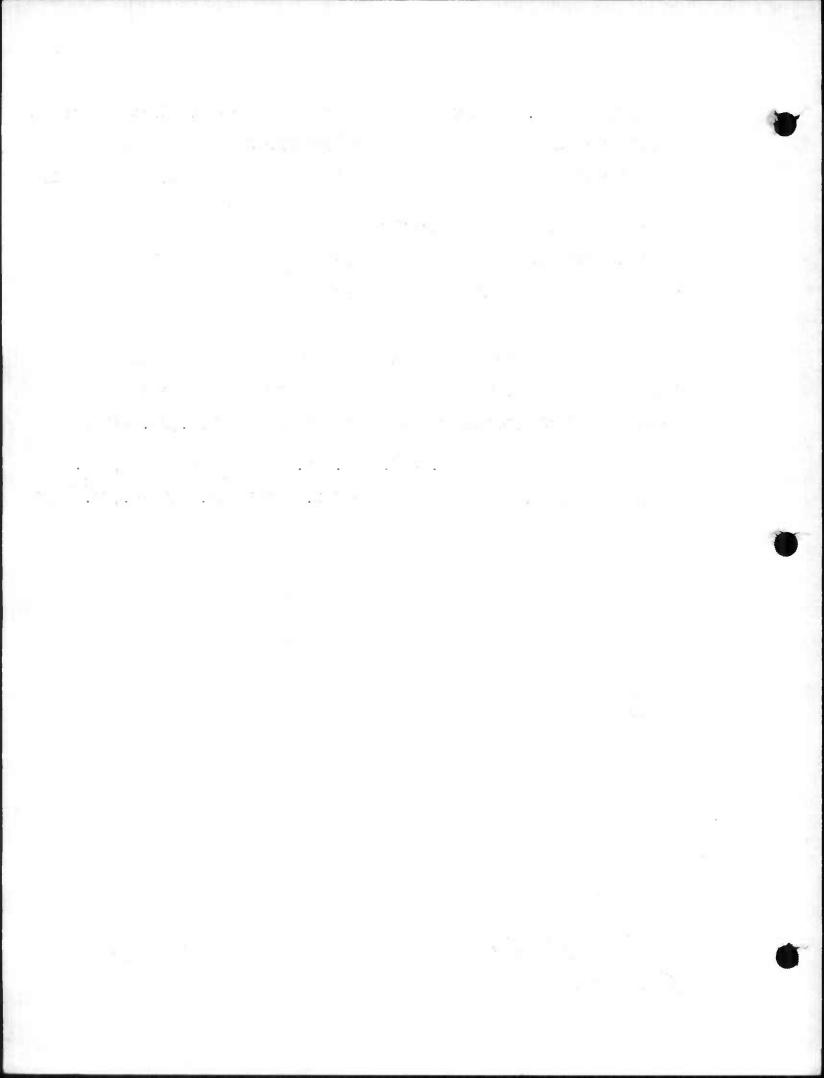
					C	ertifica	ate of	Death			Reg. No.				
Physician /Medica	al		AE E	LTON						2. Deta of D Month	Dey 13	Year 1996	3. Time of Death		
Examine		4a. Facility Name (If not instituted JOHNS HOPE					4	BALT		cation of Dea			ह परप		
Funeral Director		5. Social Security Number 214-56-6354	6. Sex 1 □ M 2/√2 F	7. Aga (In	yrs. last birtho	Month	der 1 Year ns Days	If Under 24 Hours		8. Data of B (Month, D May 20			ace (State or Foreign		
faryland show	ō	Usual Residence of Decedent 10a. State 10b. Cour	-	10c	. City, Town o							10	od. Inside City Limits		
ith the Mar or 28s-f st	Directo	MARYLAND N/ 10e. Street and Number	Α		BAL	TIMORE 10f.	Zip Code				10g. Citizen of	Whet Count	777		
020 urs efter deeth v ar, or ftems 23s	by Funeral	1505 KENSETT S 11. Marital Status 1X_Never Married 2 M 3 Widowed 4 Divorce	arried 1 Ye	ecedent Ever I Forces? s 2000/00 Giva r Detes:	In U,S.	If Yes, s	21217 cedent of H pecify Cube 2XXNo		in? (Spe Puerto F	cify Yes or N Rican, etc.)	U.S 14. Rec Ble Specifi	ce - America ck, White, e	tc.		
21215-0020 d within 72 hours ef giene. green instural; or then instural; or the Medical Exam	Completed	15. Deced (Specify only high Elementary/Secondary (0-12	ent's Education hest grada complete	ed) a (1-4or 5+)	16a. De	ecedent's U liva kind of fe. DO NO	suel Occup work done of Fuse ratired	ation du <i>ring</i> most o	of workir	ng	16b. Kind of B	usinass/Ind	ustry		
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aryia should nd Men marke meric	0	Daniel Elton 19e. Informent's Neme/Relation	nship (Type, Print)		19b. M	leiling Addr	ess (Street			(elly	ber, City or Town	State, Zip	Code)		
and 2: eeith ai m 27 is her trac		Essie Auston/ Sister 3806 Reistersto								d, Bal	timore M	arylā	nd 21215		
Baltimore, M permit. Peges 1 and 2 Department of Health a important: if item 27 is any injury or other tra ponce.	20e. Mathod of Disposition 1 Surlel 2 Cramation 3 Removel from Stata 4 Donation 5 Other (Specify) 20b. Plece of Disposition (Nema of cemetery, cramatory or other piece) MT. ZION CEMETERY									Dete 20c. Location - City or Town, Steta 7-18-96 BALTIMORE, MARYLAND					
Ball permit Depart Import any in		21. Signature of Euparel Sarvi	Black	ur		22. Nama	and Addra	ss of Facility	WILL 1206	IAM C	NITY F/H				
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										12	Yes 2□No	1 🗆	Yas 2□ No		
Or VItal I Physician: The this certificate ral director, page		25. Was case reterred to medie examiner? 1 ☐ Yes 20 No	Hospitel:	Inpatient	2 ☐ ER/Outpe	ationt 3	DOA Oth	or		(Check only	ona) sidence 6 □Oth	ner (Snecihi	1		
To the Hospital or Attending Physical 2 to the Hospital or Attending Physical 2 to the Funeral Director; Affer this completely filled in by the funeral director Attending Madizal Certification; To		27. Manner of Death Naturel 5 ☐ Pene	28e. Da	ta of Injury onth, Dey Yea		e of	28c. Injur Wor		2		how injury occur				
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State Registrar	1	31. Dete filed (Month, Day, Yes	(r) 32	egistren si	ignature	ndelle			- 0	OUTE	JI D	101			

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				Otate of Mai	-	Certifica				g. No.			
*	Physic /Medi		Decedent's Neme (First, Middla, Las CHARLES		/ANS				2. Data of Death Month 0 7 0	Dey Y	eer .	3. Tima of Death 2:00PM	
7	Exami		4a. Fecility Nema (If not institution, give					4b. City, Town, or	Location of Death	4c. County of	Deeth		
			3909 CHATHAM					ALTIMOR			/A		
	Funeral Director		5. Social Security Number 6. S. 213-09-2578 Usual Residence of Decedent	RDM 2□F	(In yrs. last birt	rrs. If Unda Months	Days	If Under 24 Hrs. Hours Min.	8. Data of Birth (Month, Day, 06 04		O. Birthple Country VIR	ca (Steta or Foraign y) GINIA	
	show d at	2	10a. Stete 10b. County		Ioc. City, Town	or Location			14		100	d. Inside City Limits	
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020	72 hours after death with the Maryland netural; or items 23s or 28s-f show doal Examiner invat be notified at	by Funeral	1 Never Merried 2 Married	Armed Forces? 1 Yas 2 No if Yes, Give Yaer or Detes:		It Yas, spo		Hispanic Origin? (S an, Mexican, Puerl Specify:	o Rican, etc.)	Bieck,	ce - American Indian, eck, White, etc.		
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Baltimore,	S - 2 0		1☐Buriel 2 ☐ Cremation 3 ☐	Removal from Stata	cemeter	y, crematory or	other ple			Oc. Location - Cl			
			4 □ Donation 5 □ Other (Specify 21. Signatura of Funarei Service Licens		MD. N				7/10/96				
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	E 0.6			d									
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P.0		by Physician/M	Multi-infact		not rasulting in	the underlying	causa gr	van in Per, I,			Probe		
of Vital Records,	w requires thet been signed is should be det	Completed b							24a. Wes er perform		com	e autopsy tindings lebte prior to pletion of cause eath?	
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<u>a</u>	certificata rector, peg	Be C	25. Was cese referred to medical					26. Place of Dec	eth (Check only en				
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	ding Pt h. After th funeral		27. Manner of Deeth 1 ☑Netural 5 ☐ Pending	28e. Dete of Injury (Month, Day)	(ear) 28b. T	ime of jury	28c. Inju Wo		28d. Describe ho	w Injury occurred	f		
Division	or Attan	Certification:	2 Accident 3 Suicide 4 Homlolde invastigation 6 Could not be determined	- At home, fer (Specify)	m, streat, fecto		Yes 2 □ No	28f. Location (Straat and Number or Rural Routa Num City or Town, State)					
۱	Hospital 24 hours of Funeral I stely filled	edicai C	29e. Certifier 1 Certifying Phy	reician: To the best of a iner: On the basis of ea	my knowledge,	deeth occurred	f et the ti	me, dete end plece	, end due to the ce	use(s) end mann	er es stel	ted.	
	To the H within 24 To the Fi complete		one)	end manner stete	d.								
	10 Miles	Σ	29b. Signature and title of certifier	Muss)	29	c. Licens	sa number	29	d. Dete signed (Month, Di	ay, Year)	
,	1		30. Name and addeses of person who o	ompleted cause of dee	th (Item 23e) ((ype, P/m))	ارد	7000	01	2 11	17	(1)	
			George Talor,	ms). 4	19 h	J. 166	CA U	200d	24.	DAHO	m	D21201	
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				Cei	tificate of	Death	Reg.	No.	
Discolati		1. Decedent's Name (First, Middia, Las	S1) (D	EII	t	2.	Date of Death	Day Yaar	3. Time of Death
Physici /Medic		Samu	e .	FII	150 h	J	uly	11 199	6500P.M
Examir		4a. Facility Name (if not institution, give				4b. City, Town, or Local		4c. County of Dea	
		NORTH ARUNDEL HOS				GLEN BURNIE		ANNE AR	
Funeral Director		5. Social Security Number 232-12-3264 Usual Residence of Decedent	ex 7. Aga (in yrs. 86		If Undar 1 Yaar Months Days	If Undar 24 Hrs. 8. Hours Min.	Data of Birth (Month, Day, Ye C. 24 1	9. Bi	rthplace (State or Foreign ountry) ST VIRGINIA
a dand		10a. State 10b. County	10c. Cit	ty, Town or Lo	cation		····		10d. Inside City Limits
Many Factor	to	MARYLAND ANNE AR	IINDEL PAG	SADENA					1 ☐ Yes 2 No
h tha	5	10e. Street and Number	ONDEL 1770	STIDEITT	10f. Zlp Code		10g.	Citizen of What C	ountry?
h wit	Funeral Director	684 204th STREET			21	122		USA	
daa	ner	11. Marital Status	12. Was Decedant Evar In U Armed Forcas?	I,S. 13. \	Was Decedent of F	Hispanic Origin? (Specif an, Maxican, Puarto Ric	y Yes or No-	14. Race - Am Black, Whi	
Baltimore, Maryland 21215-0020 semit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland bepartment of Healith and Mental Hyglene. Department of Healith and Mental Hyglene. If item 23 is merked other than "natural", or items 23s or 23s-1 show my injury or other traumatic event, the Moderal Entitine mast be notified at mice.	by	1 ☐ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 🕅 No If Yes, Give Year or Dates:		I□Yes 2⊠No				HITE
15-002 n 72 hours "netural",	Be Completed	15. Decedent's Ed (Specify only highest gra-	lucation da complated)	16a. Deced	lent's Usual Occup kind of work done	pation during most of working d)	16b	. Kind of Business	/Industry
	шb	Elementary/Secondary (0-12)	Collaga (1-4or 5+)	life. I	no not use retire. Miner	d)		Coal Min	
1 2 lied v	ပိ	4th 17. Father's Name (First, Middie, Last)			rimer	18. Mother's Name (F	inst Middle Mai		8
aryland 2121 should be filed within nd Mental Hygiene. marked other than "	Be	UNK		lison			II SI, WIIGUIG, WAN		
houk d Me merk metic	²	19a. Informant's Name/Relationship (7			n Address /Street	Maggie and Number or Rural F	Poute Number C	UNK	Zin Code)
Ma d 2 s od 2 s		Bonnie Ginevan /				eet Pasade			
Te. Tam Than tam other		20a. Method of Disposition	20b. F	Place of Dispo	sition (Nama of natory or other pia		Date 200	Location - City or	Town, State
Paga: ent o		1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Demoval from State		N CEMETE		15/96 G	len Burn	ie,Maryland
Baltimore, Maryland 212- permit. Pages 1 and 2 should be filed withit Department of Health and Mental Hygiene. Important: If Itam 27 is merked other than any injury or other traumatic event, that once.		21. Signature of Funeral-BetVice-Licen		22	. Name and Addra	ass of Facility			· · · · · · · · · · · · · · · · · · ·
Ba permi pepa impo		Hilary L. Stal	langs ar.	31	11 Mount	FUNERAL HON ain Road Pa	asadena.	Maryland	
*		23a. Part1. Entar tha disaasa, or comp shock, or heart failure. List only of	blications that daused the deat one cause on each line.	th. Do not anti	ar tha moda of dyli	ng, such as cardiac or re	aspiratory arrast,	20	Approximate Interval Batween Onset and Death
Physician / /Medical		Immediata Cause (Final		0 0	7 ,	10	4	4.	2
Examiner		disease or condition resulting in death)	a Severe	ysek	eruce	Cardio	myezze		sycos.
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uted	Examiner		b. Congelle	we	Levil	Jacker	4		s gar.
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(68760, rifficate be executed an ophysician and as the burial-transit	cal	that mitiated avants	C. Due to (c	or as a consequ	neuce of).				
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Box eath cer attendir for use	N/UE		d						İ
P.O. BO) that the death ce ed by the attendi detached for use	Physician/	Part II. Other significant conditions co	ontributing to death but not res	ylting in the ur	ndarlying cause giv	ven in Part I.	23b. Did toba	cco use contribut	e to the cause of death?
P.O.	Phy	Parall myrris	Dogge (1	- Our	ul.	1 Yes	2□ No 3□ F	Probably 4 Onknown
vision of Vital Records, P.O. Box Arending Physician: The law requires that the death ce refers: After this certificate has been signed by the attending by the funeral director, page 2 should be detached for use	by	7/100	10000	000	My				
Ord equir	Completed	*			00		24a. Was an a performed	utopsy 24b.	Wara autopsy findings available prior to
Reco	Pe								completion of cause of death?
The The page	5						1 ☐ Yes	2 1 No	1 ☐ Yas 2 ☐ No
Vital I	Be	25. Was casa refarred to medical examinar?				26. Place of Death (C	Check only one)		
Of \Physic this c	2	1 ☐ Yes 2 ☐ No	Hospitel: 1-□Inpatient 2□			4 Unursing Home			acify)
On of ding P. After funer	on	27. Manner of Death 1 ☑ Natural 5 ☐ Pending	28a. Date of Injury (Month, Day Year)	28b. Time of Injury	28c. Inju		d. Describe how I	njury occurred	
Division of Vital Records, or Attending Physician: The law requires the after death. Director: After this certificate has been signed in by the funeral director, page 2 should be come.	Certification:	2 Accident Investigation 3 Suicide 8 Could not be				Yes 2 No	Leasting (Otron	4 a a of \$1 a a b a a a a 6	
Division Attact din by	THE	4 Homicide determined	28e. Place of Injury - At he building, etc. (Specify	ome, tarm, str y)	eet, factory, office	281	City or Town, S	tand Number or F tate)	Rurai Route Number,
		29a. Certifier 17 Certifying Phy	yalclan: To the best of my kno	wledge death	occurred at the ti-	me date and place and	due to the save	e(e) and manner	e etated
the Hospital Mis 24-hours of the Funeral ompletaly filled	edical		ilner: On the basis of examinal and manner stated.	ition and/or Inv	restigation, in my o	opinion, death occurred	at the time, date	and place, and du	e to the cause(s)
o the	Me	29b. Signature and title of contiller	7		29c. Licans	se number	294	Date signed (Mon	th, Day, Year)
		Varen.	A larmer la	11	n	2/766	()	ilu 12	1996
1	-	30. Name and address of person who o	completed cause of death (item	n 23a) (Type	Print)	9/19	7	7	////~.
5		Jorge M. Rami			-	len Burnie	Md.	U	
Sta	te	31. Date filed (Month; Day, Year)	32. Registrar's Signa		ou nu. u	LICH DUTTIE	110.		
Registr	_	1111 4 0 400C de	2 Juyan Hande	240					

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 20992

				Cen	tificate o	t Death	7	Re	g. No.						
		1. Decedant's Nama (First, Middla, Last)		_				2. Data of Death	_	M	3. Tima of Death				
Physic		CLINTON HE	NRY E	CKARD				July 13	3 19	996	5:00 AM				
/Med Exam		4a. Facility Nama (If not institution, giva streat	and number)			4b. City, To	own, or Loc	ation of Death	4c. County						
Exam	IICI	North Arundel Hospi	tal			Glen	Burni	ie	Anne	Aruno	iel .				
Funera		5. Social Security Number 6. Sex,	7. Aga (In yrs.	last birthday)	If Undar 1 Ya	1									
Punera Directo		212-16-3579 1DXM 2		Yrs.	Months Day	/s Hours	Min.	8. Data of Birth (Month, Day, NOV. 1,	1921	Mary	aca (Stata or Foraign in) Tand				
		Usuai Rasidance of Dacedant	, ,					vov. 1,	1321	man	Tana				
lend		10a. Stata 10b. County	10c. Cit	ly, Town or Loc	ation			10d. Insida City Li							
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h the Marylen r 28a-f show	Directo	10e. Street and Number	ei u	Ten bui	10f. Zip Code			10	og. Citizan of V	Mhat Coun	ha.2				
ti vo a	ā	6638 Whitmore Ct.			210			10		Wilat Coun	uyr				
a 23a	Funeral							USA 14 Base							
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Maryland 21215-0020 d 2 should be filed within 72 hours effer death with the Marylend th end Mentel Hygiene. T is marked other than "netural", or itema 23a or 28e-f show treumatic event, the Medical Enaminer must be notified at	D		ar or Datas: 1942 -												
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C = 0 -		Bertha L. Braun		P.O.	Box 355	5 Pasa	dena.	Marylar	nd 2112	23					
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Baltimore, permit. Peges 1 st Department of Hear important: If Item 3 and Injury or other once.		21. Signature of Funaral Sarvice Licenses	^							,	1100				
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To the transfer American Within 24 Poliffs after deat To the Funeral Director: completely filled in by the	edical	(Check only Medical Examiner: Or	tha basis of axamina d mannar stated.	tion and/or Inva	stigation, in my	y opinion, da	ath occurred	d at tha tima, da	ta and place,	and dua to	tha causa(s)				
o the comp	M	29b. Signeture and fitte/of certifier			29c. Lice	nsa number		29	d. Data signé	d (Month, I	Day, Year)				
->-		VI the tron	20			1428	120		7/0	1/5/	171				
7		30 Name and address of name of	d sauss of do-th fit	02a) /T:					1	1 6					
		30. Name and address of person who complete						04455							
		31. Data filed (Month, Day, Year)	3708 Mour	ntain R	oad, Pa	isadena	a, MD	21128							
St Regist	ate rar	1111 1 6 1996	Registrar's con	-											
negisi	rur	JUL 1 0 1330 0													

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-737 7/17/96 t.t
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 96-3774-510 State of Maryland / Department of Health and Mental Hygiene CIP UNKNOWN Certificate of Death 96-143 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** Month Dey Yeer COURTNEY JULY 8, 1996 **EUBANKS** SR. /Medical 8:07AM 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 2313 ST. PAUL STREET BALTIMORE N/A 5. Sociel Security Number If Under 1 Year 6. Sex If Under 24 Hrs. 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Dey, Yeer) Birthplace (State or Foreign Country) **Funeral** 1 XM 2 □ F Deys Yrs. Director 41 213-64-5579 Dec. 16 1954 MARYLAND Usual Residence of Decedent the Meryland 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits Examiner must be notified Director 1 X Yes 2 □ No MARYLAND BALTIMORE CITY N/A 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 items 23a 3713 Greenmount Avenue 21218 U.S.A. death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2 M No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Rece - American Indian, Bleck, White, etc. 11. Maritel Status filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 X No Specify: þ Specify: 3 Widowed 4 Divorced BLACK Completed the Medical 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) 12th grade Laborer Shipyard other 1 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) .. Pages 1 and 2 should be fill thent of Health and Mentel H tant: If Item 27 is marked offillury or other traumatic even Be James Irvin Eubanks Marion B. Eubanks 2 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 s Department of Health ar Important: If Item 27 is eny injury or other trau Courtney I. Eubanks, Jr/ Son 42 Ashlar Hill Court, Baltimore Maryland 21234 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1XX Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) KING MEMORIAL PARK 7-13-96 BALTIMORE, MARYLAND 21. Signeture of Fundal S 22. Name end Address of Fecility WILLIAM C. BROWN COMMUNITY F/H Mollin 1206 W. NORTH AVENUE 23a. Pert1 to disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth Physician /Medical Immediete Ceuse (Finel ALCOHOL, COCAINE AND NARCOTIC INTOXICATION diseese or condition resulting in deeth) Examiner Due to (or es a consequence of): Physician/Medicai Examiner The law requires that the death certificate be executed burial-trensit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury Due to (or es e consequence of): Box 68760. thet initieted events resulting in deeth) Lest use es the Due to (or es e consequence of) P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 X Unknown Records, Š 90 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? director, pege 2 should Completed 24e. Wes en eutopsy performed? certificate 1 X Yes 2 □ No 1 XYes 2 No Division of Vital nding Physicien: Be 25. Was cese referred to medical 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Nother (Specify) LOT ٩ 1XXes 2□ No this 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of Certification: 28c. Injury et Work? After 28d. Describe how Injury occurred Pending Investigation 1 Neture! AM 1 ☐ Yes 200 No UNKNOWN 2 ☐ Accident 7-8-96 FOUND 7:45 Could not be determined 3 ☐ Suicide 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide UNKNOWN 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner es steted.

ZXIX edical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner steted. Medicai To the Howithin 24 In To the Fun (Check only one) 29b. Signafure and title of certifie 29c. License number 29d. Date signed (Month, Dey, Year) un O.C.M.E. JULY 12, 1996 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) MARGARUM D. KONTU 111 Penn Street, Baltimore, Maryland 21201 32. Registrer's Signature 31. Dete filed (Month, Day, Year) State

in Savidson-Randell

5 199

DHMH 16 Rev 6/95

Registrar

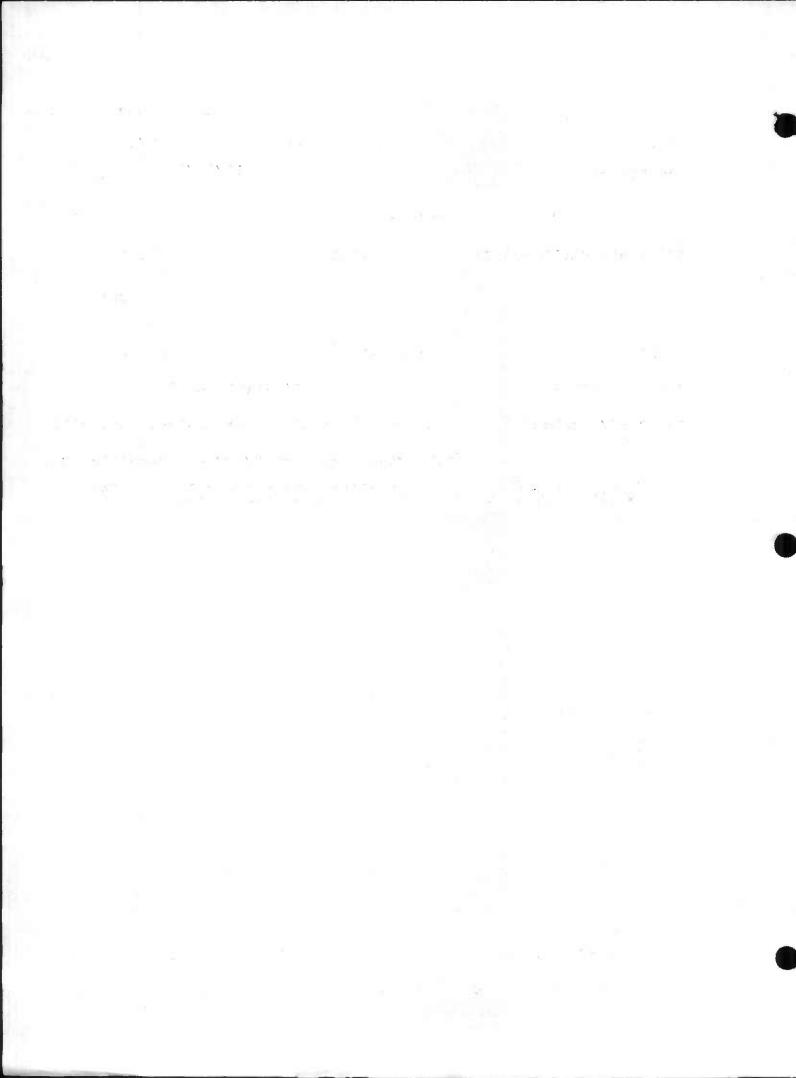
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/Medic		4a. Facility Name (If not institution, gir	to otmat and sumb-el		Toroc		4b. City, Town, or	Location of Delai		1996	3:05 pr
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288	ect	10e. Street and Number				1 7in Cada			10a Citiman of l	Affros Country	
23a or 28a-f show ust be nothed at	ral Dir	325 South Smal	lwood St.	•		f. Zip Code 21223	}		10g. Citizen of V	A.	
Evaminer m	by Funeral Director	11. Marital Status 1 Never Married	12. Was Decedant I Armed Forces? 1 ☐ Yes 2 ☑ h If Yes, Give Yaar or Detes:			ecedent of I specify Cub as 2X No	dispanic Origin? (: an, Maxican, Pua Specify:	Specify Yas or No to Rican, afc.)		ce - American ck, White, etc y: Whit	·
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27 L		Joe Ford/ Husb	and	d St. H	Balto.,	MD.	21223				
e te		20e. Method of Disposition		20b. Plec	e of Disposition etery, crametory	(Neme of	ce)	Date	20c. Location -	- City or Town	, Stata
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Department of nearing and wanter hygiene. Important: if item 27 is marked other then any injury or other traumatic event, the Magnos.		21. Signature Funerel Sarvice Lice			22. Nam Ster	and Addre	ess of Fecility Ashton	Funera	l Home	, Inc	
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DHMH 16 Rev 6/95



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				(Certifica	ate of	Death		Reg. No.		- 0 0 .	
Dhunia	i.a.a	1. Decedent's Nema (First, Middla, Las	it)					2. Dete of De Month	eth Dev	Year	3. Time of	f Death
Physic /Med		BELINDA GAII	L FEATHER						4, 19		8:31	P.M
Exami		4a. Facility Name (If not institution, give	street end number)				4b. City, Town, or		- 3300	ty of Death		
		SAINT JOSEPH N			1 46.44		rowson,	The same of the sa	- 1	ALTIM		
Funera Director		5. Sociel Security Number 6. Se 220-74-7359	9x 7. Aga (in yr. 47		Month	ler 1 Yaar s Deys	If Under 24 Hrs Hours Min.		1948	9. Birthp Virg	lece (Stata d try) Inia	or Foreign
Marylend of show	tor	10a. State 10b. County Balti	lmore 10c. 0	City, Town	or Location Chas	е				1	0d. Inside C	ity Limits
h with the 3a or 28a st be not	Funeral Director	10e. Street end Number 12627 Eastern A	Ave. Ext.		10f. 2	Zip Code 21	.220		10g. Citizen of	Whet Coun	try?	
21215-0020 4 within 72 hours effer deeth with the Manyland pilens. 7 than "natural", or flerme 23s or 28s-f show the Mandical Examiner must be notified at	þ	11. Merital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in Armed Forces? 1 Yas 2 No if Yes, Give Yeer or Detes:	U,S.		cedent of hoecify Cub	dispanic Origin? (S en, Mexican, Puer Specify:	Specify Yas or No to Rican, etc.)		ice - Amaric eck, White, ify: Whi	etc.	
5-0	Completed	15. Decedent's Ed	ucation	16a. [Decedent's Us	sual Occup	petion	dkina	16b. Kind of Business/Industry			
Ethin Ethin	nple	Elementery/Secondary (0-12)	College (1-4or 5+)		-		during most of wo d)	nary .	7.1			
d 21 filed w Hygien ther th	Co			Sa	lespe	rsor	1			rist		
re, Maryland 212: 1 and 2 should be filed within 1 Heelih and Mental Hygiene. Item 27 is marked other than other traumatic event, the M	To Be	17. Fether's Neme (First, Middla, Last) Raymond Cu	rtis Stall	ard				me (First, Middle, Christ			S	
Alar 2 sho end 1 1s me		19a. Informent's Neme/Reletionship (7	ype, Print)	19b.	Melling Addre	ss (Street	end Number or R	ural Routa Numb	er, City or Tow	n, Stete, Zip	Code)	
		Darrell Arnet Feather/husband 12627 Eastern Ave. Ext. Chase, MD										
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Baltim permit. Peg Department Important: I any Injury o		21. Signature of Funerel Service Licens	Dawn F. McD	onald			i Society erick Rd.				3	
Physician /Medicai Examiner		23a. Part1. Enter the disaasa, or comp shock, or heart failure. List only of Immedieta Causa (Final disease or condition resulting in death)	a. CARDIAC	ARRE		ST (CORONAR		Y		Approximet Interval Bet Onset end	tween Death
death certificate be assouted ettending physician end or drouse as the bunal-transit	Medical Examiner	Sequentially list conditions, if any, leading to Immediate ceuse. Entar Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	c. RECENT A	CUTE	onsequence o	RIOI					1 WE	EK
BOX leath ce attendia	clar	Don't Other claudiness and dis-		144.77.7				l oot sta				
P.O. het the od by the detached	y Physician/	Pert il. Other significant conditions co	ntributing to death but not re	sulting in	the underlying	g ceuse gi	ven in Pert I.		lobacco uss c Yss 2□ No		the causs pably 4	
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The i	Con							10	res 2X No	10	Yes 🛣	No
	Be (25. Wes case refarred to medical examiner?					26. Place of De	ath (Check only o	ne)	1		
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DIVISION of Attending s after death. i Director: After of in by the fune	Certification:	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. Plece of Injury - At building, etc. (Spec	home, ferr				28f. Location (S City or Tox		nber or Aura	l Route Num	nber,
To the Hospital or within 24 frours after To the Funeral Dirt completely filled in	edical (29a. Certiflar (Check only one)	rsician: To the best of my kr iner: On the basis of examination mannar stated.	owladge, ation end/	deeth occurre for Investigation	ed et the ti	me, date end place opinion, deeth occu	e, and due to tha urred et the time,	cause(s) end n dete end piece	nenner as st o, and due to	eted. the cause(s	s)
withir To th	Me	29b, Signature and the of certifier	2	9c. Licans	sa number		29d. Data sign	ed (Month,	Dey, Year)	1		
		30 Name and and a	Course of death (to	m 22a) (T	ima Brich	D2	23045		07	- 14	- 1	7
		30. Name and address of person who of STEPHEN LINCO	LN, M.D.			RO	D, TOW	SON, MA	RYLAN	D 212	04	
St Regist	ate rar	31. Deta filed (Month, Day Year) JUL 1 6 1996	32. Promise Pro	Minde	., 4							

DHMH 16 Rev 6/95

Registrar



BALTIMORE, MARYLAND 21215-0020

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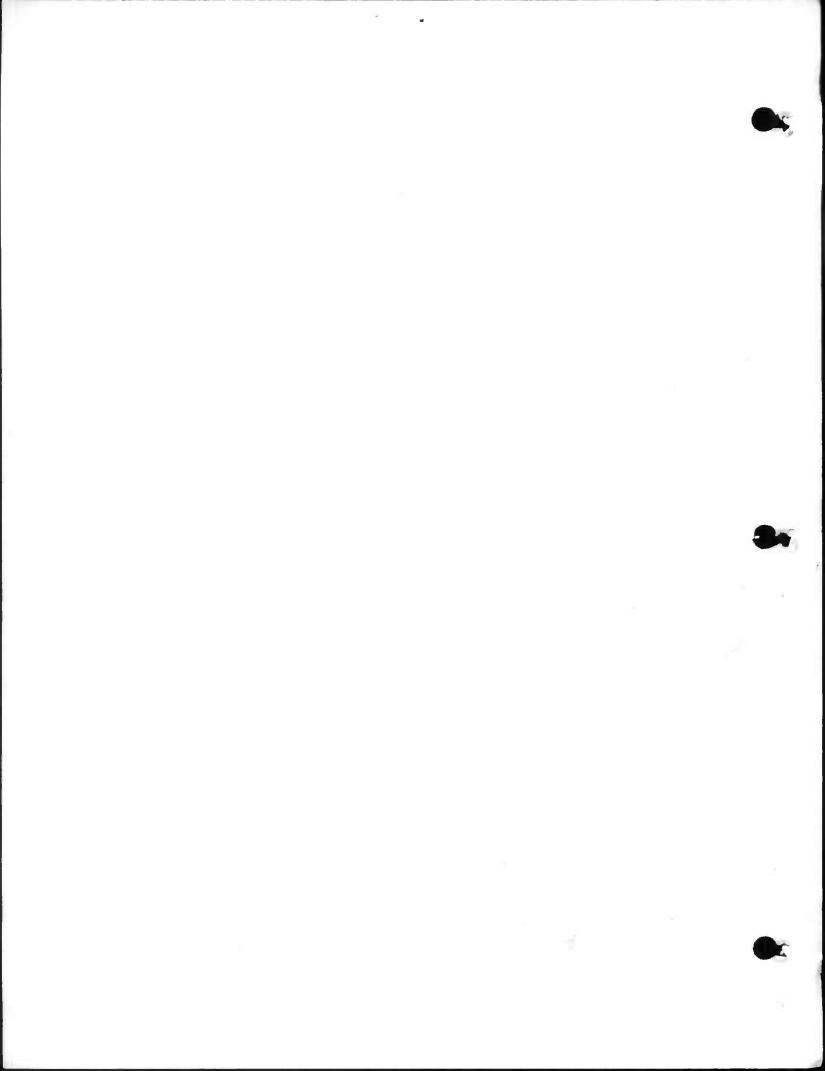
FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	* REGISTRAR			RTIFICATE			REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR												
	THEI.MA	LOUISE HUDS	SON F	ISHPAW		150000		. 199					
	4. SOCIAL SECURITY NUMBER	7	GE (In yrs. lest bi		F UNDER 24 HRS.	7. DATE	OF BIRTH	8.	BIRTHPLACE (State or Foreign				
	212 20 6406	1 🗆 M 2 🙀 F	0.1	YRS. MONTHS C	MYS HOURS MIN.	(Mont	h, Day, Year)		Country)				
	212-28-6406 9e. FACILITY NAME (If not institution, given		81	01 OUTV TO	OWN OR LOCATION OF D		.25,19		BALTO. CITY				
œ					DWN OH LOCATION OF L	JEATH		9c. COUNTY	OF DEATH				
2	GREATER BALTI	MORE MEDIC	CAL CE	NTER	TOWSON			BALT	IMORE				
DIRECTOR	10e. STATE 10b. COU	NTY	1	IOc. CITY, TOWN OR	LOCATION				10d. INSIDE CITY				
E	MADVI AND	I TIMODE							LIMITS?				
- 1	MARYLAND BA	ALTIMORE		COCKEY	SVILLE 101, ZIP CODE				1 TES 2 NO				
FUNERAL								10g. CITIZE	N OF WHAT COUNTRY?				
y	9816 Mon				21030			USA					
5	11, MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVE FORCES? 1 7	R IN U.S. ARME		S DECENDENT OF HISPA es, specify Cuben, Mexic			or No — 14	. RACE — American Indien, Black, White, etc.				
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OF	R DATES A		YES 2 X NO Spec		, , , , , , ,	i	Specify:				
	21								WHITE				
TED	15, DECEDENT'S E (Specify only highest gr	BUCATION ade completed)	(Give	DENT'S USUAL OCCI		16b	. KIND OF BUS	INESS/INDUS	TRY				
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용	12	n /a	a	Cashier			Food						
COMPLET	17. FATHER'S NAME (First, Middle, Last)	.1 17 17 1			18. MOTHER'S N	AME (First,	Middle, Maiden	Sumame)					
ш	Jose	eph H. Hudson	n		Ida	V. Hi	.nkle						
00	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
일	Alice Spencer 521 Granby Ct., Millersville, MD 21108												
	20e. METHOD OF DISPOSITION		20b. PLACE AND	DATE OF DISPOSITION	ON (Name of	DAT	E 20c 100	ATION — City or Town, State					
	1 Buriel 2 Cremetion 3 R	emoval from State	cemetery, cremat	fory or other plecal		J01							
			Poplar	Grove Ce			Y Co	ckeys	ville, MD				
	22. NAME AND ADDRESS OF FACILITY Lemmon Funeral Home of Dulaney Valley, I												
	Bryan W. Clary 10 W. Padonia Rd., Timonium, MD 21093												
	23. PART I. Enter the diseases, Dr complications that deused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approxima												
	ehock, or heart fallure. List only one cause Dn each line.												
	IMMEDIATE CAUSE (Final disease or condition	11010	2/	17	Malon	1	1		Onset and De				
	reculting in death)	e act	100	1 600	Major	1/0	clei	re					
			A SPECIAL PROPERTY.										
		QUE TO (OR A	S & COMMETQUE	NCE OF):									
N	Sequentially list conditions	- X/SC	00	NOE OF):									
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BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leeding to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent condit DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation inv	DUE TO (OR A C. DUE TO (OR A d	S A CONSEQUE AS A CONSEQUE TO DEATH 28 PLACE (Dutpetlent 3 2 27 2 28 PLACE (Dutpetlent 3 2 A thome, Specify)	I YES NO INTERPOLATION INTERPOLATIO	UNCERTAL (One) 1 Home 5 Reeldence (INJURY AT WORKY 1 YES 2 NO (, office	8 Other 28d. Des	PERFORI 1 YES 2 r (Specify) CRIBE HOW IN ATION (Street er or Town, State)	MED? NO NUTRY OCCUR Number or i	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO NED Rural Route Number,				
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DHMH-16 Rev 1/89



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 20997

	1. 1. 1.		Certificate of	Death	Reg	No.	2000		
Physician	Decedent's Name (First, Middle, Last)				2. Dete of Deeth Month	Day Year	3. Time of Death		
/Medical		Vivian Ju	ne Farrell		July	10 1996	11:00 A.		
Examiner	4a. Facility Name (If not institution, give street a			4b. City, Town, or Loc	cation of Deeth	4c. County of Death			
	1124 Sunnybrook I	rive		Glen Bur	nie	Anne Aru	nde1		
Funeral Director	5. Social Security Number 6. Sex 1 M 2	7. Age (In yrs. la. 79	st birthday) If Under 1 Yea Months Days	Hours Min.	8. Date of Birth (Month, Day, You Jan • 16,		place (State or Foreign orry) Yland		
*-	Usual Residence of Decedent 10a. State 10b. County	10c. City.	Town or Location				Ind Incide City I Imite		
f show	Maryland Anne Arunde		en Burnie				10d. Inside City Limits 1 ☐ Yes 2 🛣 No		
be northed Director	10e. Street end Number	1 016							
0 3 0	1124 Sunnybrook Driv		10f. Zip Code 210			U.S.			
Examiner must Examiner must	1 Never Married 2 Married 1 Hr	s Decedent Ever in U,S. ned Forces? I Yes 2 M No es, Give ar or Detes;	13. Was Decedent of If Yes, specify Cul	Hispanic Origin? (Spectan, Mexican, Puerto For Specify:	cify Yes or No- lican, etc.)	14. Race - Ameri Black, White, Specify: W			
nt, the Medical Exit. Completed by	15. Decedent's Education (Specify only highest grade comp	loted)	16a. Decedent's Usual Occu	ipation	161	16b. Kind of Business/Industry			
the Mer		lege (1-4or 5+)	(Give kind of work done life. DO NOT use retin	ed)	g				
Com	12th		Home Maker		C	wn Home			
o other event, Be Co	17. Father's Neme (First, Middle, Last)			18. Mother's Name	(First, Middle, Mal	den Sumame)			
marked imatice	Rober	t Moore		Myı	rtle Viol	let Wolff			
is marked raumatic	19a. Informant's Name/Relationship (Type, Prir	nt)	19b. Mailing Address (Stree	Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
om 27 i	J. Leo Bahlman		219 Rollingf	ield Road	Baltimo	ore, Maryl	and 21228		
20	20a. Method of Disposition	0.00	ce of Disposition (Neme of netery, crematory or other plane	ace)	Date 20d	. Location - City or To	own, Stete		
important: If it any injury or o	1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal 4 ☐ Donation 5 ☐ Other (Specify)	from State			/12/96 Ba	ltimore.	Maryland		
Important: If item 27 any injury or other ti	21. Signature of Funeral Service Licepeee	R	Cedar Hill Cemetery 7/12/96 Baltimore, Mary 22. Name and Address of Fecility Gonce Funeral Home P.A						
	(Kredara	Jonce	4001 Ritcl	hie Highway	y Baltin	nore, Md.	21225		
on the burill-transit Medical Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last		s a consequence of):						
tor us	d Pert II. Other significant conditions contributing	to dhoth but not consist	no la the underlying any a	by Death	OOL Didash				
be detached by Physic			ng in the underlying ceuse gi	ven in Part I.	23b. Did tobacco use contribute to the car 1 ☐ Yes 2 ☐ Mo 3 ☐ Probably				
2 should pleted	Drabetes Keel Nelvingrowa	letus			24a. Was en a performed	? av	ere autopsy findings allable prior to mpletion of ceuse deeth?		
pege Com	Reliungrowa				1 ☐ Yes	2 No 1]Yes 2□ No		
motor, pag	25. Was case referred to medicel			26. Plece of Deeth	7351	10	2 100 2 2 100		
To B	examiner? 1 Yes 2 No Hospitel:	1 ☐ Inpatient 2 ☐ EF	VOutpatient 3□ DOA Ot	L		6 ☐Other (Specif			
	27. Manner of Beath 28a.		Bb. Time of 28c. Inju	THE ITEMS TO THE	Bd. Describe how I		//		
al Director: After ted in by the funeral	2 ☐ Accident Investigation 3 ☐ Suicide 6 ☐ Could not be			Yes 2□No		t end Number or Rura	I Pouto Alumbau		
	4 Nomicide	building, etc. (Specify)			City or Town, S	tate)			
E 8 E	2 Medical Examiner: On	o the best of my knowle the basis of examination menner stated.	dge, death occurred at the ti a and/or Investigetion, in my	me, date and place, an opinion, death occurred	d due to the cause d at the time, dete	e(s) end manner as st end place, and due to	eted. the cause(s)		
Tothe	29b. Signature end title of certifier Whywae M9	Actending	Doctor 29c. Licen	se number 21684	29d.	Date signed (Month, 7, 11, 96	Day, Year)		
0	30. Name and address of person who completed CV. CYRINE-M.D. II	cause of deeth (Item 23	3a) (Type, Print)	GLENBU	RNIR.	10210	61.		
State	The state of the s	32. Registrar's Signatur							

DIVISION OF VITAL RECORDS, P.O. BOX 68760

6

31. DATE FILED (Month, Day, 1981)

JUL 1 6 1996

W. REGISTRAR'S SIGNATUSE

TO HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be encured within a fee death. Page 6 may be retained by the hospital or attending physician.

TO HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be encured within and completely fifted in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

ITEN	: 1. PER F'.H. F'ILM G-737 7/16/96 t.t											
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last) ORDTHEA GERTRUDE FRY 2. DATE OF DEATH MONTH DAY TULY 09 1996 9:40 Pm 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign											
	218-22-5193 1 M 2 XF 68 VAS. MONTHS DAYS HOURS MIN. JUNE 21, 1928 Maryland											
TOR	98. FACILITY NAME (If not Institution, give street and number) Saint Agnes Hospital Secounty of Death Baltimore 90. COUNTY OF DEATH N/A											
DIRECTOR	106. STATE Maryland 106. COUNTY N/A 106. CITY, TOWN OR LOCATION Baltimore (Brooklyn) 104. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO											
FUNERAL	100. STREET AND NUMBER 3958 Brooklyn Avenue 101. ZIP CODE 21225 109. CITIZEN OF WHAT COUNTRY? USA											
BY	11. MARITAL STATUS 1											
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Size kind of work done during most of working											
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Research Clerk Nationsbank											
BE CON	17. FATHER'S NAME (First, Middle, Last) George Robert Harris 18. MOTHER'S NAME (First, Middle, Meiden Surname) Amelia Becker											
TO B	196. INFORMANT'S NAME (Type/Print) Mr. Richard E. Fry-HUSBAND 196. MAILING ADDRESS (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 3958 Brooklyn Ave., Baltimore, Md. 21225											
	20a. METHOD OF DISPOSITION XXII											
	22. NAME AND ADDRESS OF FACILITY MCCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 21225-185											
	23. PART 1. Inter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reapiratory strest, shock, or heart feliura. List only one ceuse on sech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO											
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Medical 26. PLACE OF DEATH (Check only one) OTHER: 4 Nursing Home 5 Residence 8 Other (Specify)											
ву РНУ	M 1 VES 2 NO											
	2 Accident investigation 3 Suicide 8 Could not be defermined 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stafe)											
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and manner as stated.											
BE	296. SIGNATURE AND THE OF CERTIFIERS 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)											
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
	Than from, St Agns Hospital, 900 Caton AVE, Baltimon, MD 21229											

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

96 20999

					Certificate	e of Deat	th	Reg	. No.			
Physic	ion	1. Decedent'a Nama (First, Middia, La	st)					2. Data of Death Month	Day	Year	3. Tima of Death	
Physic Medi/		JOSEPH FERRER						JULY 10			12:03 P	
Exami		4e. Facility Nema (If not institution, giv	e street and number))		4b. City,	Town, or Loc	ation of Death	4c. County			
	Ш	THE JOHNS HOPKINS	HOSPITAL				TIMORE	CITY	N,	/A		
Funeral Director		5. Sociel Security Number 6. S 204-24-4127	MAL OF F	ga <i>(I</i> n <i>yrs. I</i> 55	last birthday) If Under Months	1 Year if Und Deys Hour	der 24 Hrs.	8. Dete of Birth (Month, Pay,) 3 - 1 3 - 1	(aar) 0 3 1	9. Birthpla Countr	ce (Stete or Foreign SYLVANI	
_		Usual Residence of Dacedant	0	, ,				73-13-1	. 9.3.1	PENN	SILVANI	
yland		10a. Stata 10b. County		10c. City	, Town or Location					100	d. Inside City Limita	
Mar	io	N.C. NEW HA	NOVER	WIL	MINGTON						1 ☐ Yes 2 KNo	
ath with the Marylar 23a or 28a-f ahow ust be noutled at	Funeral Director	10e. Street and Number 5516 DAWNING C	REEK WAY	7	10f. Zip 2.8	Coda 3 4 0 9			g. Citizan of		N3	
or items	by	11. Maritel Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forcas? 1 XYas 2 If Yes, Give Yeer or Datas:	?	S. 13. Was Deceding Yes, special 1 Yes 2	ify Cuban, Maxi	can, Puarto R	cify Yes or No- lican, atc.)	Bla	ce - Amarica ck, Whita, at Y: WHIT	c.	
n 72 hours "netural",	Completed	15. Decedant's Ed	ducation		18a. Decedant's Usua	Occupetion	ant of wadrin		6b. Kind of B	usinass/Indu	stry	
C 6	Pie Pie	(Specify only highest gra Eiemantery/Secondary (0-12)		5+)	(Giva kind of word lifa. DO NOT us	a retired)	ost of working	1	DEPAR'			
CO As and	S		4 YRS •		CONSULTA						AFFAIRS	
should be the nd Mental Hy marked othe matic event,	To Be	17. Father's Nema (First, Middla, Last) JAMES FERRER					RY KUI	(First, Middle, Mi BIC	aiden Suman	na)		
2 2 2 2		19a. Informent's Name/Ralationship (MARY FERRER	Type, Print)		19b. Mailing Addrass 5516 DAWN							
00-		20e, Mathod of Disposition 1 ■ Burlai 2 □ Cramation 3 □ 4 □ Donation 5 □ Othar (Specification)	CE	ieca of Disposition (Nameratary, cramatory or of HYACINTH	her plece)	7/		Oc. Location				
permit. Pag Department Important: I any Injury o		21. Signature of Funarai Service Licar			22. Nama and Addrass of Facility HENRY W. JENKINS & SONS CO.							
Depa Impo		William	Unio	111				S & SON				
Physician		23a. Part1. Entar the disaasa, or com shock, or haart feilura. List only	plicetions that caused one cause on each I	d tha deeth						1	Approximate ntarval Between Onsat and Death	
/Medical Examiner		Immediate Ceuse (Final disease or condition rasulting in daath)	a brain	u d						1	HOUR	
E2 - (A)	ē		Meni		as a consequence of):	400 00	15.10 "	oranis			2 Ance	
death certificate be axecuted a aftending physician and of for usa as tha burtal-transit	Examiner	Sequentially list conditions,	b. /чещ»		as a consequence of):	neggi,	AVE C	organis			thays	
e axe	Ä	Sequentially list conditions, if any, laeding to immadiate cause. Entar Underlying Causa (Disaase or Injury								į		
ate b hysic tha b	edical	that initiated evants rasulting in daeth) Last	C	Due to (or	as e consequenca of):					1		
ing p	2		d							1		
at tha death certi by tha aftanding stached for usa a	Physician/		d							i		
	ysic	Part II. Other significant conditions of	ontributing to death b	out not rasu	ilting in the underlying ca	use givan in Pa	ırt I.	23b. Did tob	acco use co	ntribute to t	he cause of death?	
that the ed by detac	Ph	Meta static	loua	CAU	rcinoma			1 ☐ Yes	B 2□ No	3 Probe	ibly Toknow	
5 6	d by	7 10 10 10 10 10 10 10 10 10 10 10 10 10	7					044 18/44 44		24h War	a autopsy findings	
	Completed							24e. Wes en performe		avail	leble prior to	
has be 2	dw									of de	iath?	
ician: Tha la cartificate ha rector, page								1 ☐ Yas	200	10	Yea 2 No	
	o Be	25. Was casa refarred to medical axaminar?	Hospitai:			Other:		(Check only one				
Phys rai di		1 ☐ Yas 2≧No 27. Mannar of Death	28a. Date of Inju		ER/Outpatient 3☐ DO. 28b. Time of 28	A 4U		e 5 Residen				
ding h. Aftar fune	tion	1 ➡Natural 5 ☐ Pending 2 ☐ Accidant invastigation	(Month, Da	y Year)	Injury	3c. injury at Work? 1 □ Yas 2		34. 00001100 1101	injury occur	100		
I or Attending Phatiar death. Director: Aftar thi	Certification:	3 Suicida 6 Could not be 4 Homicida datamined		jury - At ho	/ - At homa, farm, streat, factory, office 28f. Location (Street and Number or Rural Routa Number,						Routa Number,	
Hospital 24 hours Funeral staly filled	edical Ce	29a. Certifiar (Check only one) 12 Certifying Ph. 2 Medical Exam	ysician: To the best ninar: On the basis of and manner st	f axaminati	viadga, daath occurrad a ion end/or invastigation,	it tha tima, data in my opinion, c	and place, ar	nd dua to tha cau d at lhe tima, dat	isa(s) and m e end placa,	ennar as ste and dua to t	ad. ha cause(s)	
nin (Me	29b. Signeture end titia of certifier	11 -		29c.	Licensa numbe	er ,	290	Date signe	d (Month, D	ey, Year)	
1		114 /1).1	111111		1	400	41	1	1.0.	10	1996	
7		30 Name and address of parent into	completed cause of	dooth /lto	23a) (Time Print)	100	cl	4	my	(0,	LLE	
-			completed cause of d		23a) (Type, Print)	R 1054	More	Dr. 0-14	0	,		

State Registrar 31. Data filad (Month, Day, Year)
JUL 16 1996

All Annual and Annual

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene $9\,6$

	Certificate of Death	Reg	. No.		
Decedant's Name (First, Middla, Last)		2. Deta of Deeth Month	Day Yeer	3. Tima of I	
		1		1:10	
		ocation of Deeth			
		T- 0 11 1 1 1 1 1			
12-16-5697 1□M 3FXF 86	Yrs. Months Deys Hours Min.	Month, Dey, Y. Dec. 8,19	^{9. 8} 909 Ma	irthplece (State or Country) aryland	
				10d. Insida City 1 ☐ Yas	
2a. Street and Number 4518 Kenwood Avenue	10f. Zip Code 21206	10g	. Citizen of Whet C	Country?	
Marital Status 1 □ Navar Married 2 □ Married 3 □ Was Decedent Ever in U,S. Armed Forcas? 1 □ Yes 2 □ No If Yas, Give Yeer or Datas:	13. Wes Decedent of Hispanic Origin? (Sp. if Yes, specify Cuban, Maxican, Puerto	pecify Yas or No- p Rican, etc.)			
15. Decedent's Education 16 (Specify only highest grada completed)	e. Decedant's Usuel Occupation (Give kind of work done during most of work	king 16	b. Kind of Busines	s/Industry	
Elementery/Secondary (0-12) College (1-4or 5+) N/A	life. DO NOT use retired) Housewife		omemaker	(Own Hor	
r. Fether's Nema <i>(First, Middle, Last)</i> Henry P. Roth, Sr.					
e. Informent's Neme/Reletionship (Type, Print)	b. Meiling Address (Street end Number or Ru	ral Route Number, C	City or Town, Stete	Zip Code)	
Bernard Fischer 111		Baltimore	, Md. 212	206	
la. Method of Disposition X⊠ Buriel 2 □ Cremetion 3 □ Removel from Stete	ery, cremetory or other plece)				
		12-96	Baltimore	e, Md.	
Lassel Juckers Home	Lassahn Funeral Hor		M4 21236		
seese or condition sulfling in deeth) e. Congestive He Dua to (or estenditions, entry, leeding to immediate tuse. Enter Underlying suse (Disease or Influry et Initiated events	e consequence of): e consequence of):				
O.		1			
This other significant conditions contributing to death out not resulting	in tha underlying cause given in Part I.			Probably 420	
		24a. Was an a performed		. Were eutopsy fir available prior to completion of ca of death?	
		1 ☐ Yes	200 No	1 🗆 Yes 2 🗆 N	
examinar?	0.0				
1 Inpatient 2 ERV	Julyanient 3LI DOA 4 MUNISING HO			ecify)	
2 Accident investigation	M Work? M 1 Yes 2 No	No			
3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined 6 ☐ Could not be determined 28e. Place of injury -At home building, etc. (Specify)	28e. Place of injury -At home, farm, street, factory, office building, etc. (Specify)		28f. Location (Street end Number or Rural Route Number, City or Town, Stete)		
	ge, death occurred et the time, dete end plece, nd/or investigetion, in my opinion, deeth occur	end due to the caus red et the time, date	se(s) and menner a end plece, end du	ns steted. ne to the cause(s)	
one) 2 medical Examiner: On the basis of exempletion of					
5. 2. Us 100 110 111 117 115 200 211 117 117 115 200 211 117 117 117 117 117 117 117 117 117	4a. Facility Name (If not institution, giva street and number) Stella Maris Hospice 5. Social Sacurity Number 212-16-5697 1	4a. Facility Name (it not institution, give street and number) Stella Maris Hospice Social Sacurity Number 212-16-5697 1 M XXF 86 Yrs. 10c. Carry Months Days Hours Min. 10c. Street and Number 4518 Kenwood Avenue 11. Marial Status 11. Marial Status 11. Marial Status 12. Was Decedent Ever in U.S. 13. Wee Decedent of Hispanic Origin? (St. Yes. Specify Cuban, Macidan, Puent Yas, Give Yes (Total State) 15. Decedent's Education (Specify only highest grade competed) Elementery/Secondary (O-12) 17. Fether's Nema (First, Middle, Last) Henry P. Roth, Sr. 19e. Informent's Nema/Paletionship (Type, Print) Bernard Fischer III 20a. Method of Disposition XXB Burlet 2 Discremetion 3 Removel from State 4 Donotion Sci Other (Specify) 21. Signeture of Funancial Service Licenses XXB Burlet 2 Discremetion 3 Removel from State 4 Donotion Sci Other (Specify) 22. Name and Address of Facility Lassahn Funeral Hot 7401 Belair Rd. Ba 22. Name and Address of Facility Due to (or as a consequence of): 22. Name and Address of Facility Due to (or as a consequence of): 23. Sequentially list conditions, if every leading in the underlying cause given in Part I. 24. Part I. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. Wee cass referred to medical learning of the principle of the	Marguerite T. Fischer 4a. Facility Name (in diretation, give street and number) Stella Maris Hospice 5. Social Sourity Number 122-16-5697 10 M XXF 7. Aga (in yrs. lest birthday) 100. Conty Months 10 Days Hours Min. D	Marguerite 4. Feligh Name (for statution, give steet and number 4. Feligh Name (for statution, give steet and number 4. Feligh Name (for statution), give steet and number 4. Feligh Name (for statution), give steet and number 4. Feligh Name (for statution), give steet and number 4. Feligh Name (for statution), give steet and number 4. Feligh Name (for statution) and number 6. Feligh Name (for statution) and number 6. Feligh Name (for statution) and number 6. Feligh Name (for statution) and number 6. Feligh Name (for statution) and number 6. Feligh Name (for statution) and number 6. Feligh Name (for statution) and number 6. Feligh Name (for statution) and number 6. Feligh Name (for statution) and number 6. Feligh Name (for statution) and number 6. Feligh Name (for statution) and number 6. Feligh Name (for statution) and number 6. Feligh Name (for statution) and number 6. Feligh Name (for statution) and number 6. Feligh Name (for statution) and number 6. Feligh Name (for statution) and number 6. Feligh Name (for statution) and number 6. Feligh Name (for statution) an	

